



APPLICATION FOR OPEN ACCOUNT STATUS

FROM: _____

COMPANY NAME: _____ DATE: _____

ADDRESS: _____

ADDRESS: _____ PHONE: _____

CITY, ST, ZIP _____ FAX: _____

We wish to establish a credit standing with Reeves Company so that we may order on open account.

Business and Bank References follow:

Business _____

Telephone # _____

Fax # _____

Business _____

Telephone # _____

Fax # _____

Business _____

Telephone # _____

Fax # _____

Business _____

Telephone # _____

Fax # _____

Prepared By _____
(please print)

Signature _____

Title _____

MAIL OR FAX TO:
Ms. Elaine Corbeil

REEVES COMPANY
P.O. BOX 509
51 NEWCOMB ST.
ATTLEBORO, MA 02703-0009
FAX 508-222-9316