

New Account Information

**Berkshire Corporation
21 River Street
Great Barrington, MA 01230
Telephone: 413-528-2602 Fax: 413-528-2614
Berkshire.com**



Internal
Data Only
EH
@ Rating
Trade
Bank
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Terms

Company Information:

Name of Company/Individual

Address

City State Zip Code

Telephone Number Fax Number

Accounts Payable Contact email address In Business Since:

Annual Sales for the last three years: _____
Annual Accounts Payable for the last three years: _____

Dun & Bradstreet DUNS Number: _____

Federal ID Number: _____

Has company ever filed for bankruptcy protection?
If so, please provide date: _____

Is company privately held or public? _____

Are purchases taxable? ____ Yes ____ No Are purchases for: ____ Direct use or ____ Distribution
If not, return appropriate Sales Tax Exemption forms.

ALL CHARGES ARE DUE AND PAYABLE WITHIN THIRTY (30) DAYS FROM DATE OF INVOICE.

** Payment must be made in U.S. Dollars **

I (we) the undersigned certify that all the information on this form is correct, to the best of our knowledge.
I (we) fully understand the credit terms and conditions, and agree to the proper and timely payment in consideration
of an open credit account with Berkshire Corporation.
In exchange for accepting credit terms granted, I agree to pay any and all collection fees associated with the collection
of such credit.
Additionally, by signing below, the above named company authorizes Berkshire's credit review agency (CoFace) to
investigate credit worthiness.

Date Signature Printed Name Title

**** Information provided by the customer to Berkshire on this form will be held in strict confidence ****

For Internal Use Only

Date Approved: _____ CRS610-Panel J:
Price Structure: _____ Credit Limit 1: _____
Credit Limit 2: _____
Credit Limit 3: _____
Credit Limit 4: _____

Financial Information

Bank Name		Bank Officer
Bank Address		
City	State	Zip Code
Telephone Number	Fax Number	Account Number

Authorization is hereby granted to above named bank to provide information to Berkshire Corporation to perform credit review.

Signature (Must be authorized signatory on above account)	Date
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Trade References

1.

Business Name		Account Number
Address		
City	State	Zip Code
Contact Name		
Telephone Number	Fax Number	Email Address

2.

Business Name		Account Number
Address		
City	State	Zip Code
Contact Name		
Telephone Number	Fax Number	Email Address

3.

Business Name		Account Number
Address		
City	State	Zip Code
Contact Name		
Telephone Number	Fax Number	Email Address

Shipping Instruction Sheet

Date: _____

Customer Name: _____ Customer Number: _____

Location: _____

Phone: _____

DELIVERY TERMS:

FOB Whitsett, North Carolina

Delivery terms must be specified on customer purchase order

Collect shipments require customer account number

PREFERRED CARRIER FOR:

PARCEL:

Prepaid and Add or Collect: _____ Acct No.: _____

Weight Limitation: _____ (For Collect Shipments)

LTL:

Collect: _____ Acct No.: _____

Weight Limitation: _____

AIR SHIPMENTS:

Collect: _____ Account No.: _____

Special Instructions: _____

Third Party Billing Address: _____

Notes:
