

5 Commonwealth Ave.
Unit # 5
Woburn, MA 01801
Tel (781) 935-6020
Fax (781) 935-7983



Business Professional Account Application – Secondary Account

Date: _____

Address: _____

Existing Account Number: _____

Name of Existing Account Number: _____

I hereby verify that the above company is opening a secondary account for the existing account number referenced above and that all of the information in the Business Professional Account Application for the original account is fully applicable to this new account.

Authorized Signature: _____

Title: _____

If not billing the existing account, please provide contact name and billing address below:

Contact Name: _____

Billing Address: _____