



APPLICATION FOR CREDIT

Please fax application to 845-628-5141 or bring into showroom.

Company Name: _____

Physical Address: _____

Mailing Address: _____

Telephone: _____ Fax: _____

Cell Phone: _____ Social Security Number: _____

Type of Organization: Individual Partnership Corporation LLC

Federal ID: _____

Tax Status – Exempt: Yes No (If yes, please provide exempt certificate.)

PRINCIPAL OWNERS or OFFICERS

Name – Title – Email Address: _____

Home Address: _____

Type of Business: _____

Accounts Payable Manager – Email Address: _____

Purchasing Agent – Email Address: _____

BUSINESS REFERENCES

1. Company Name: _____

Contact: _____

Address: _____

Telephone: _____ Fax: _____

2. Company Name: _____

Contact: _____

Address: _____

Telephone: _____ Fax: _____

3. Company Name: _____

Contact: _____

Address: _____

Telephone: _____ Fax: _____

BANK REFERENCES

Bank Name: _____

Contact: _____

Address: _____

Telephone: _____ Fax: _____

Account #: _____

If this account is placed in the hands of a bonded collection agency or attorney for collection, the undersigned shall pay an amount equal to 30% of the unpaid principle and interest as a collection fee, which amount the undersigned agrees is reasonable.

This is to certify that I am a principal in the above named business and in consideration for the extension of credit, I do personally guarantee payment of any and all invoices which remain unpaid and if the application for credit is a corporation, the undersigned, in addition to personally guaranteeing payment, represents that he/she/they are authorized to make this application on behalf of the aforementioned corporation.

Please also use my signature as your authorization to release any credit information requested.

Signed: _____ Dated: _____

Print Name – Title – Email Address: _____