



## CREDIT APPLICATION

Instructions: Print out this form, fill it out and fax it to 203.315.0429

Federal Tax ID: \_\_\_\_\_ Date: \_\_\_\_\_

Legal Name: \_\_\_\_\_

Trade Name (if any): \_\_\_\_\_

Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

Type of Business:  Corporation  Partnership  Individual Business  Other \_\_\_\_\_

### PRINCIPALS OR OWNERS:

1) Name: \_\_\_\_\_ Home Address: \_\_\_\_\_

Title: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

2) Name: \_\_\_\_\_ Home Address: \_\_\_\_\_

Title: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

3) Name: \_\_\_\_\_ Home Address: \_\_\_\_\_

Title: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### BANK REFERENCES:

1) Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Address: \_\_\_\_\_

2) Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Address: \_\_\_\_\_



TRADE REFERENCES:

1) Supplier Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

2) Supplier Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

3) Supplier Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

*We certify that the above information is true and correct and we agree to pay this account in accordance with your credit terms. We authorize you to verify this information and/or obtain additional information by securing data from a credit-reporting agency. We understand that all past due balances will be subject to 1 1/2% per month service charge. We further agree to pay 25% collection charge, in the event of default, if the account is placed with an attorney or bonded collection agency.*

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

PERSONAL GUARANTEE:

*For good and valuable consideration, the undersigned (jointly & individually) agree to be personally liable for all indebtedness incurred by the above listed corporation or business entity. The undersigned (jointly & individually) further agree to be personally liable for all indebtedness based on the extension of credit to any other corporation or business entity with which the undersigned is or may be affiliated. If a default in the terms of payment occurs on any account on which the undersigned is or may be liable, and which is placed with an attorney or bonded collection agency, the undersigned (jointly & individually) agree to pay an additional 25% collection charge on the entire unpaid balance.*

Signature: \_\_\_\_\_ Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Witness: \_\_\_\_\_ Date: \_\_\_\_\_

THE USE OF MY CORPORATE TITLE IS ONLY TO IDENTIFY MY POSITION IN THE COMPANY AND IN NO WAY NEGATES MY PERSONAL GUARANTEE.