



50B Rocky Point Yaphank Rd. Rocky Point, NY 11778 (631)744-2887

CREDIT APPLICATION

INFORMATION			DESCRIPTION OF BUSINESS		
Name of Business			No. of employees	Credit Requested	Type of Business
Address			In Business Since		
City			Business Structure <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> Division/Subsidiary Parent Company:		
STATE	ZIP				
Phone		Fax	Email		

Company Principals Responsible For Business Transactions

Name	Title	Address	Phone

References

Name of Bank	Name to Contact
Branch	Address
Checking Account No.	Phone#(Required) Fax or Email (Required)

Trade References :(Unsecured Trade creditors only. Finance, and Fuel Companies are not acceptable)

Firm Name	Contact Name	Telephone Number	Fax or Email(Required)

Confirmation of information accuracy and release of authority to verify

I hereby certify that the information in this credit application is correct. The information included in this credit application is to be used to determine the amount and conditions of credit to be extended. I understand that the other sources of credit considered necessary in making the determination may also be used. Further, I hereby authorize the bank and trade references listed in the above credit application to release the information necessary to assist in establishing a line of credit.

Terms net 10th approx. A late payment charge of 1.5% per month will be assessed against the balance outstanding over 30 days. The undersigned agrees to pay all costs of collections, or costs of attempting to collect delinquent payments, including a reasonable attorney's fee, not to exceed 20%. The undersigned also agrees to abide by company policies and procedures, and personally guarantees the payment of all bills incurred by the above mentioned company.

Print _____

Signed _____ Title _____ Date _____

(Owner, Partner, or Corporate Principle must sign)