

## **CREDIT APPLICATION**

94 Marine Street Farmingdale, NY 11735 / Ph 631-694-4310 / Fax 631-694-6387 310 Whittier Street Bronx, NY 10474 / Ph 718-328-4155 / Fax 718-842-7593 3448 Rombouts Avenue Bronx, NY 10475 / Ph 718-325-7690 / Fax 718-325-6015 467 Bruckner Blvd Bronx, NY 10455 / Ph 718-401-3935 / Fax 718-401-2184 PAGE 1 0F 2

BUSINESS CONTACT INFORMATION								
Company Name:								
Address:								
City: Sta			State	tate:		p:		
Phone 1:								
Phone 2: Fax:					E-	Mail:		
Date business commenced:					Contact Name:			
Sole proprietorship:□	Partnership: ☐ Corpo		rpo	oration:		Ot	her: 🗌	
BUSINESS AND CREDIT INFORMATION								
Owner(s) / Officer(s) Name(	s):							
Title:		SS #:	-		-	Driv	er Lic. #:	
Home Address:								
City:			9	State:		Zip (	Zip Code:	
Bank Name:			·		<u> </u>			
Bank Address:			Pho	one:				
City:				Sta	State:		Fax:	
Type of account	Account number							
Savings								
Checking								
Other								
		BUSINE	SS/T	RADE	REFERENCES			
Company name:								
Address:								
City:				State: ZIP Code:		ZIP Code:		
Phone: Fax:				Account #:				
J								
Company name:								
Address:								
City:				State:		ZIP Code:		
Phone:	Fax:			Account #:			<del>,</del>	
	7.			<u>,, , , , , , , , , , , , , , , , , , ,</u>				
Company name:								
Address:								
City:					State:		ZIP Code:	
Phone: Fax:				Account #:				

## **AGREEMENT**

Credit terms are net 30 days from the purchase date. A Finance charge of 1.5% per month will be assessed against any balance outstanding over 30 days. The undersigned further agrees to pay reasonable collection expenses should your account be placed with a collection agency and/or attorney. You agree to pay a collection fee of no more than 30% of the amount owed and you further agree to be responsible for all court costs and/or legal fees should we be required to file a lawsuit in compliance with our terms and conditions.

SIGNATURE			OFFICE USE ONLY
SIGNATURE OF APPLICANT, TITLE	PRINT NAME	DATE	

In consideration of one dollar and other good and valuable considerations, the receipt of which is hereby acknowledged, I, we hereby guarantee jointly, individually and personally unto Bronx Welding Supply now existing or which is incurred hereafter and in whatever form it may be evidenced. This is to be a continuing guarantee until all payment of all indebtedness has been made. It is not limited in any manner when and if this account is placed in the hands of the attorney for collection of any amounts unpaid and owing. I (we) guarantee and agree to pay attorney's fees of 30% of the amount due, which is agreed to be reasonable for collections, in addition to the account of the unpaid balance due.

The undersigned may at any time terminate this guarantee by giving 10 days notice in writing to the Seller by Registered Mail sent to the Seller's office whereupon liability of the undersigned shall terminate as to the deliveries made subsequent to the expiration of said 10 days' period. It shall nevertheless continue in full force as to all deliveries made at any time prior to the expiration of said 10 day period.

It is further agreed that this guarantee shall continue notwithstanding any change in organization, corporate setup or partnership change unless the Seller receives notice of such change at least five (5) days prior to the delivery of any merchandise and that this guarantee shall be binding upon the heirs, personal representatives, estates, successors and assigns of each of the undersigned.

	SIGNATURE		OFFICE USE ONLY
SIGNATURE OF APPLICANT, TITLE	PRINT NAME	DATE	-

## RELEASE OF INFORMATION

In conjunction with my request for an open account with Bronx Welding Supply., I do hereby authorize the release to Bronx Welding Supply any and all information requested by them in their efforts in approving a Line of Credit for myself and/or Company.

	SIGNATURE		OFFICE USE ONLY
SIGNATURE OF APPLICANT, TITLE	PRINT NAME	DATE	

FAX COMPLETED CREDIT APPLICATION TO: 631-694-6387

