

Assigned Sales Rep: _____

Approved Amount: _____

Customer Class Code: _____

Authorized By: _____ /_____/_____
Today's Date



PLEASE NOTE: INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

CREDIT APPLICATION

DATE: _____

COMPANY NAME: _____ F.I.N./S.S.N: _____

STREET ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ PHONE: _____

FAX: _____ HOME PHONE: _____

PAGER: _____ CELL PHONE: _____

TYPE OF BUSINESS: CORPORATION INDIVIDUAL PROPRIETORSHIP PARTNERSHIP

BILLING STREET ADDRESS (If different from above): _____

CITY: _____ STATE: _____ ZIP: _____

ACCOUNTS PAYABLE CONTACT: _____

PERSON(S) AUTHORIZED TO CHARGE: _____

Names and Residential Address of all Principals, Officers, Directors, Shareholders, Partners, Proprietors:

_____	_____	_____	_____
Name	Position	Street Address (No P.O. Box)	Social Security Number

_____	_____	_____	_____
Name	Position	Street Address (No P.O. Box)	Social Security Number

Bank Reference (Checking/Savings Account):

Bank: _____ Contact: _____ Phone: _____

Address: _____ Account #: _____

Trade References (Supplier/Commercial):

1) Name: _____ Phone: _____ Fax: _____

Address: _____ Length: _____

2) Name: _____ Phone: _____ Fax: _____

Address: _____ Length: _____

3) Name: _____ Phone: _____ Fax: _____

Address: _____ Length: _____

See reverse side for TERMS and CONDITIONS

TERMS and CONDITIONS

The undersigned Corporation, Partners or Sole Proprietor of _____ (insert full company name), hereby apply for credit from New England Building Supply, hereinafter referred to as "the Company," in the maximum amount of \$ _____ and agree to observe the following **Terms and Conditions**:

PAYMENT TERMS:

- 1% 10th prox net 25th
- The Company shall be entitled to charge a one and one half percent (1½%) monthly finance charge for all invoices on which payment is not received within thirty (30) days.
- All dishonored checks are subject to a \$40.00 charge which shall be added onto any past due balance.
- **There will be a \$75 processing fee for accepting AMEX, Mastercard, Visa, or Discover, to pay past due accounts.**
- The Company is entitled to close any accounts with a continuous history of non-payment and returned checks.
- The Customer agrees to pay all costs of collection, including, but not limited to, reasonable attorney fees, in regard to any and all past due amounts.

CREDIT TERMS:

- An account is placed on "CREDIT HOLD" status when invoices are not paid by the close of the month following the purchase. For example: December invoices are expected to be paid by January 10th. If the invoice remains unpaid on the 31st of January, the account will be automatically placed on "CREDIT HOLD" until such payment has been made.
- The undersigned authorize any credit investigation needed for action on this credit application and hereby indemnify the above company and Trade Credit Corporation, or any other credit reporting agency designated by The Company, from any liability resulting from their credit survey. It is also acknowledges and agrees that accounts receivable information may be reported by the Company to various consumer and commercial credit agencies.

Witness my/our hand(s) and seal(s) this _____ day of _____, 20____.

Name of Company/Customer (Please Print)

Signature of Principal

Address of Company/Customer (Please Print)

Residential Address (Please Print) Own Rent

***PLEASE PRINT IN ALL REQUIRED AREAS FOR PROPER PROCESSING**

***PAYMENT TERMS AND PERSONAL GUARANTY MUST BE SIGNED TO COMPLETE THE CREDIT APPLICATION**

PERSONAL GUARANTY

In consideration of the extension of credit by the Company to _____ (hereinafter referred to as "the Customer") and for other valuable consideration, the undersigned hereby jointly and severally guarantee full and prompt payment of any and all sums which are now, or may be in the future, become due to the Company. This guarantee is made in consideration of the Company extending credit of otherwise in its discretion giving time, financial or other accommodations to the Customer.

The undersigned acknowledges that the Company is relying upon this guarantee and would not otherwise extend credit to the Customer. This guarantee is an absolute, unconditional, and continuing guarantee of the full and punctual payment by the Customer of any and all invoices now or in the future to become due, and to their collect ability only, and is in no way conditioned upon any requirements that the Company first attempt to collect any of the outstanding amounts from the Customer or any other party primarily or secondarily liable with respect thereto, or upon and other contingency whatsoever. The undersigned hereby waives any notice of the time and amount of extension of credit to the Customer, as well as rights of set-off, redemption and counterclaim that may be alleged to exist in favor of the Customer. Such guarantee shall extend, without limitation, to principal, interest, costs of collection, and attorney's fees.

Upon any default by the Customer in the full and punctual payment of any invoices, the guarantors hereunder shall, at the option of the Company, pay said amounts without demand or notice of any nature, all of which are expressly waived by the guarantors.

This agreement is intended to cover a running account or accounts by the Customer and will remain in full force and effect until 14 days after a withdrawal in writing is sent by registered mail, return receipt request, and received at the above address and effect with respect to all sums of money that are due and that become due from the Customer as a result of transactions through and including the date 14 days after said withdrawal is received.

No rights against the undersigned are waived by failure to exercise any rights against the Customer upon his default. The incorporation, merger, reorganization or sale of the Customer's business shall not operate as a termination of this guaranty.

This agreement is a Massachusetts contract and shall be interpreted under the laws of the same.

Witness my/our hand(s) and seal(s) this _____ day of _____, 20____.

Personal Guarantor/Individual (Signature)

Personal Guarantor/Individual (Signature)

Personal Guarantor/Individual (Please Print)

Personal Guarantor/Individual (Please Print)

How did you hear about us?
Referred: <input type="checkbox"/> Friend <input type="checkbox"/> Customer <input type="checkbox"/> Sales Person Please provide name of referral:
Please check all that apply: <input type="checkbox"/> Globe <input type="checkbox"/> Herald <input type="checkbox"/> Internet <input type="checkbox"/> T.V. <input type="checkbox"/> Radio <input type="checkbox"/> Magazine Provide Media name: