

883-893 ELTON STREET - BROOKLYN, NY 11208 CREDIT APPLICATION PLEASE FAX FORM BACK TO 718-272-2956

BUSINESS CONTACT INFORMATION			
Company Name			
Contact:			
Phone:	Fax:	E-mail:	
Address:			
City:		State:	ZIP Code:
Date business commenced:			
Sole proprietorship:	Partnership:	Corporation:	Other:
BANKING INFORMATION			
Name		Phone:	
Address:		Contact:	
City:	State:		ZIP Code:
Type of account	Account number		
BUSINESS/TRADE REFERENCES			
Company name:			
Address:			
City:	_	State:	ZIP Code:
Phone:	Fax:	E-mail:	
Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
AGREEMENT			
Applicant signature attests to financial responsibility, ability and agreement to pay all invoices in accordance with your terms of 1%-10 th Prox. Net 30 th Prox. Applicant agrees that all past due balances shall be subject to additional interest equal to the lesser of 1.5% per month or the applicable lawful maximum rate and also agrees to pay all costs, plus collection agency fees and attorney fees incurred in the collection of outstanding balances. In the aggregate, such fees shall not exceed 50% of all amounts due owing from the date due. Furthermore, it is understood that the above information is to be used for the purpose of obtaining credit and is warranted to be true. I/We hereby give you authorization to investigate the references listed above.			
SIGNATURES			
Title: Date:		Title:	
collection agency fees and attorney fees incurred in the collection of outstanding balances. In the aggregate, such fees shall not exceed 50% of all amounts due owing from the date due. Furthermore, it is understood that the above information is to be used for the purpose of obtaining credit and is warranted to be true. I/We hereby give you authorization to investigate the references listed above. SIGNATURES Title: Title:			