

FAX OR SIGN-UP ONLINE - 24 HOUR FAX - (845) 436-7677



CREDIT APPLICATION

Company Name: _____
Street Address: _____
Mailing Address: _____
City: _____
State: _____
Zip: _____
E-Mail Address: _____

Date Submitted: _____
Date Approved: _____

Tax ID#: _____
Contact: _____
Phone: _____
Fax: _____
E-Mail: _____

1. NAME OF PARENT COMPANY, IF SUBSIDIARY:

2. TYPE OF BUSINESS:

3. YRS. AT PRESENT LOCATION: _____
4. YEAR ESTABLISHED: _____
5. IS THIS BUSINESS INCORPORATED? Y / N
6. IF YES, IN WHICH STATE? _____
7. YOUR USUAL PAYMENT SCHEDULE IS:

Credit Card	30 DAYS
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CREDIT CARD INFORMATION (IF NOT SEEKING CREDIT TERMS ONLY)

TYPE: _____
CARD #: _____
EXPIRATION DATE: _____
BILLING ADDRESS: _____

9. REFERENCES: TRADE

COMPANY: _____
ACCOUNT #: _____
CITY/STATE: _____
PHONE: _____
FAX: _____

COMPANY: _____
ACCOUNT #: _____
CITY/STATE: _____
PHONE: _____
FAX: _____

BANK

BANK: _____
ACCOUNT #: _____
CITY/STATE: _____
PHONE: _____
FAX: _____
CONTACT: _____

8. OWNER & OFFICER NAMES & ADDRESSES:

OWNER: _____

OFFICER: _____

OFFICER: _____

TERMS: Invoices are payable within 30 days of invoice date. The undersigned assures that the information contained above is true and correct; and furthermore, herby authorizes the release if information from the listed credit references and banking institution to Supermarket Parts Warehouse. In consideration of Supermarket Part Warehouse extending credit to the above applicant the undersigned personally guarantees the payment of any and all future obligations which may be owed to Supermarket Parts Warehouse as well interest and reasonable Attorney fees. Venue and jurisdiction for all actions necessary to enforce this agreement shall be held in Sullivan County, NY.

All of the above information will be kept confidential and will be used only to make a determination of credit worthiness. I hereby certify that the above information is correct and should be relied upon to the stated purpose. I further certify that I full understand the terms of credit as offered by Supermarket Parts Warehouse Inc., and agreed to prompt payment in consideration of any extended credit. My signature below authorizes release of credit information from the above listed sources.

By: _____

 Print Name and Title

Signature

Signature (Individually)

SOLID SHELVES
 WIRE SHELVING
 GASKETS
 DOORS & DOOR PARTS
 HEATERS
 FAN MOTORS & BLADES
 ELECTRICAL
 ENERGY MANAGEMENT
 CUSTOM ENDS / BUMPER
 PLUMBING
 MISC
 LOZIER
 TERMS & CONDITIONS