



TO: Credit Applicants

FROM: Counter Pro, Inc ®

SUBJECT: Credit Applications

If you are submitting a credit application from Massachusetts, Rhode Island, or Maine, please complete and return the appropriate Sales and Tax Resale Certificate/Tax Exempt Certificate with your application. Only state issued forms are acceptable or valid for tax audit purposes.

Please mail the original signed application once completed with all appropriate forms. You may fax over the application so that we can start processing your request. However, we cannot complete your application without a hard copy of said application.

Any questions regarding your application, or the application process, you may contact your sales representative or our office at 1-800-899-2444.

Thank You,

Counter Pro, Inc®

PLEASE NOTE: Processing of applications may take up to 2-3 weeks.

Last Modified: 09.2022



CREDIT APPLICATION

IN ORDER TO PROCESS YOUR APPLICATION AND ENSURE PROMPT REPLY, PLEASE FILL OUT THIS FORM COMPLETELY—INCLUDE STREET ADDRESS, PHONE NUMBERS, AND CONTACT PERSON(S) OF ALL REFERENCES.

PLEASE NOTE: ALL PAGES MUST BE FILLED OUT AND SIGNED BEFORE PROCESSING

Date: _____
Company Name: _____ Division of: _____
Street Address: _____ Mailing Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____ Tax ID: _____
Contact person(s) in accounts payable: _____
Nature of business: _____
Business incorporated? Yes No If so, which state? _____ P.O's Required? _____

List of owners, partners, or officers:

**Name _____ Title _____
Home Address _____

Name _____ Title _____
Home Address _____

Name _____ Title _____
Home Address _____

Have you ever purchased from Counter Pro, Inc® in the past? Yes No
If so, under what name? _____ Date: _____

**Amount of credit required for a 30 period? _____

**These lines must be filled out in order to start credit processing

FOR OFFICE USE ONLY		
ACCOUNT #:	CREDIT LIMIT:	DATE OPENED:
_____	_____	_____

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REFERNCES

WE REQUIRE REFERENCES FROM THREE (3) COMPANIES. PLEASE LIST 3 OR MORE TRADE REFERENCES. THE MORE REFERENCES WE HAVE TO CHOOSE FROM AND CONTACT THE BETTER. PLEASE MAKE SURE TO INCLUDE THE FAX NUMBER FOR THE REFERENCE LISTED.

PLEASE NOTE: When using credit references, please refrain from using big box stores as references. We ask this as it takes longer than normal to receive responses back, which would extend the approval process.

Trade References

**Name: _____ Credit Limit: _____
Address: _____
Phone: _____ Fax: _____ Contact Name: _____

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Phone: _____ Fax: _____ Contact Name: _____

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TERMS OF AGREEMENT

In consideration of the extension of credit by COUNTER PRO, INC.® to:

** _____
(Please print the company name in the space provided above)

Hereinafter referred to as the customer, and for other valuable consideration, the undersigned hereby agrees to pay all sums of money now due or hereafter to become due from the customer, including, without limiting the generality of the foregoing legal and other costs of attempts to collect said sum from the customer and the undersigned, and interest on said sums. Interest shall be in the amount of one and one-half (1 ½) percent per month, or an annual rate of eighteen (18) percent, on any balance not paid within thirty days of billing.

The liability of the undersigned shall be primary and if more than one person or entity signs this agreement, shall be joint and several, and shall not be affected by any discharge, extension of time, release of security, acceptance of compromise or any other modifications of the liability of the customer, and shall not be dependent upon recourse to any remedies against the customer;

The undersigned hereby waives any notice of the time and amount of extension of credit to the customer.

This agreement is intended to cover a running account of accounts by the customer and will remain in full force and effect until withdrawn by a writing sent by registered mail, return receipt requested and received at the above address. Such withdrawal shall be respected to all sums of money that become due from customer as a result of transactions through and including the date said withdrawal is received. No rights against the undersigned are waived by failure to exercise any rights against the customers' business shall not operate as a termination of this guarantee. The undersigned hereby agrees to pay enforcing the agreement contained herein both as against the customer and the undersigned guarantor.

PLEASE PRINT:

Witness my/our hand(s) and seal(s) this _____ day of _____ 20 _____
NAME OF APPLICANT(S) _____ TITLE _____
SIGNATURE OF APPLICANT (S) _____ TITLE _____
DATE _____
DATE _____
WITNESS _____ DATE _____

****Officers of a Corporation, Members of a LLC, and Partners of a Partnership are the only representatives that can sign the Terms of Agreement.**

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