

# S & J Sheet Metal Supply, Inc.

526 East 134<sup>th</sup> St, Bronx, NY 10454

Phone 718-585-2853 Fax 718-585-2858

Distributors of Quality Waterproofing & Roofing Products and Sheet Metal Fabricators

## CREDIT APPLICATION

Company Name: \_\_\_\_\_ Date: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

How Long Has Business Been in Operation? \_\_\_\_\_

Type of Business: Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Sole Proprietorship \_\_\_\_\_

### OWNER'S INFORMATION:

1. Full Name: \_\_\_\_\_ Position: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_ Own: \_\_\_\_\_ Rent: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
SS Number: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_ SS Number: \_\_\_\_\_

2. Full Name: \_\_\_\_\_ Position: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_ Own: \_\_\_\_\_ Rent: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
SS Number: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_ SS Number: \_\_\_\_\_

### LIST THREE (3) BUSINESS REFERENCES:

1. Name: \_\_\_\_\_ Address \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail \_\_\_\_\_

2. Name: \_\_\_\_\_ Address \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail \_\_\_\_\_

3. Name: \_\_\_\_\_ Address \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail \_\_\_\_\_

Bank Name: \_\_\_\_\_ Tel. \_\_\_\_\_ Fax \_\_\_\_\_

Bank Address: \_\_\_\_\_

Type of Account: \_\_\_\_\_ Account Number: \_\_\_\_\_

Bonding Company: \_\_\_\_\_

Full Address: \_\_\_\_\_

Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

**CREDIT CARD INFORMATION MUST BE FILLED OUT**

**IN THE EVENT THAT ANY BILL INCURRED REMAINS OUTSTANDING FOR MORE THAN 120 DAYS, I HEREBY AUTHORIZE S&J SHEET METAL SUPPLY, INC .TO CHARGE SUCH AMOUNT TO MY CREDIT CARD ACCOUNT. I AGREE TO GIVE PROMPT WRITTEN NOTICE IF THERE IS ANY ADDRESS OR ACCOUNT CHANGE.**

AMERICAN EXPRESS \_\_\_\_\_ MASTER CARD \_\_\_\_\_ VISA \_\_\_\_\_ (CHECK ONE)

CREDIT CARD NUMBER \_\_\_\_\_

EXP DATE \_\_\_\_\_ CARD ID (3 OR 4 DIGIT CODE) \_\_\_\_\_

NAME AS APPEARS ON CARD \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

AUTHORIZED SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**TERMS OF AGREEMENT**

Credit Application to S & J Sheet Metal Supply, Inc. (S&J), its subsidiaries or Affiliates from \_\_\_\_\_, MY/OUR FIRM.

1. I/We authorize you to contact Consumer Credit reporting agencies, all bank, credit and trade references herein to verify our credit standing with them and authorize them to release said information to you.
2. Past due invoices are subject to a two percent Service Charge per month. Buyer agrees that should the late payment charge be deemed by a court of competent Jurisdiction to violate any law. Buyer's sole remedy against "S & J" for such violation shall be the crediting of any late payment charge paid in excess of the maximum rate allowable by law.
3. If it becomes necessary to affect collection, I/We agree to pay all cost of collection including collection fees, actual court costs and attorney fees of thirty five percent.
4. The credit limit may be increased or decreased at the discretion of "S & J" without written notice and without affecting personal guarantee.
5. Buyer agrees to provide prompt written notice of any change in buyer's name, address, ownership or form of business entity.
6. All payments received on the credit account may be applied to invoices oldest to newest.
7. A processing fee of \$ 75.00 will be charged for the credit investigation.
8. IN CONSIDERATION OF S & J SHEET METAL SUPPLY, INC., its SUBSIDIARIES OR AFFILIATES EXTENDING CREDIT, I/WE JOINTLY AND SERVERALLY DO PERSONALLY GUARANTEE UNCONDITIONALLY TO "S & J" IT'S SUBSIDIARIES OR AFFILIATES THE BALANCE OF THE INDEBTEDENES OF THE WITHIN COMPANY. THIS GUARANTEE SHALL CONTINUE UNTIL THE GUARANTOR(S) SENDS A WRITTEN REVOCATION OF THE GUARANTEE TO "S & J" BY CERTIFIED MAIL, RETURN RECEIPT REQUESTED.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Witness: \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Witness: \_\_\_\_\_

**ANY APPLICATION SUBMITTED VIA FACSIMILE SHALL BE DEEMED AN ORIGINAL**