



Office: 215-621-8009  
Toll Free: 866-980-2247

PO Box 760  
Levittown, PA 19058

### CREDIT APPLICATION

**ALGO SUPPLY LLC** appreciates the opportunity to supply you with our products and services. We will extend credit terms of net 20 / 30 days to qualified customers. If you wish to open a 20 / 30 day account with **ALGO SUPPLY LLC** simply complete this application form and return it to us via US Mail at PO Box 760 Levittown PA 19058 or via email to [Info@algosupply.com](mailto:Info@algosupply.com) / [www.algosupply@gmail.com](http://www.algosupply@gmail.com)

Legal Name of Business:		Type of Entity: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> LLC	
Trade Name:		Fed. Tax ID No. or if Proprietorship, SSN:	
Business Physical Address: _____ City, State & Zip _____		Business Phone: _____	
Billing Address (if different): _____ City, State & Zip _____		FAX Number: _____	
Line of Business: _____	Amount of Credit Desired? _____	Accounts Payable Email Address: _____	
Purchase Order Required ? : <input type="checkbox"/> Yes <input type="checkbox"/> No	Any Purchases To Be Exempt From Sales Tax? <input type="checkbox"/> Y <input type="checkbox"/> N ( If yes please attach applicable certificate)		
<b>OWNERS, PARTNERS, MEMBERS OR OFFICERS</b>			
Name: _____	Address: _____	Phone: _____	
Name: _____	Address: _____	Phone: _____	
Name: _____	Address: _____	Phone: _____	
<b>BANK REFERENCE</b>			
Bank: _____	Account #: _____	Contact Name: _____	Phone or Email Address: _____
Bank: _____	Account #: _____	Contact Name: _____	Phone or Email Address: _____
<b>TRADE REFERENCES</b>			
1. Name: _____	Address: _____	Phone or Email Address: _____	
2. Name: _____	Address: _____	Phone or Email Address: _____	
3. Name: _____	Address: _____	Phone or Email Address: _____	

**AUTHORIZATION FOR THE RELEASE OF CREDIT INFORMATION**

By signing this application, I hereby authorize **ALGO SUPPLY LLC** to obtain such information as may be required concerning statements contained in this application, including consumer or business credit reports. I hereby verify that all statements made in this application are true and accurate, and are made for the purpose of granting credit.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**GUARANTY**

If credit is extended, I agree to pay all invoices within 20 / 30 days of invoice date and to pay a service charge of 1.5% per month on all past due amounts. If **ALGO SUPPLY LLC** must file suit to collect past due amounts, I agree to pay all reasonable attorney's fees and costs. I acknowledge that I personally guaranty the debts and obligations of my business and that I am personally obligated to perform all the terms and make all payments to **ALGO SUPPLY LLC** required by this agreement.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_