

# To Apply For Credit Form

# Page 1 Of 2

## Wilcor International

161 Drive In Road, Frankfort, NY, 13340  
Accts. Rec.: 315-733-3542 Ext.711 Fax: 315-733-3215  
AccRec@wilcor.net

Acct.#: \_\_\_\_\_ Territory: \_\_\_\_\_

To process credit application (pg. 1&2) properly, please fill out application completely. For faster service, call your credit references to inform them Wilcor will be faxing for a credit check. Credit is based on approval of corporate financial advisor's approval.

**Page 2 "Personal Guarantee Form"**  
**Must be completely filled out for application to be accepted.**

Name of Business: \_\_\_\_\_ Credit Limit Requested: \$ \_\_\_\_\_

Mail to Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Ship to Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

How long have you owned this Business?: \_\_\_\_\_ How long at above address?: \_\_\_\_\_ Is your firm a  Corporation  Proprietorship  LLC

Do you have Multiple Locations?: \_\_\_\_\_ If so attach list of properties on business letterhead.

Tax Certificate attached

County and state firm registered in: \_\_\_\_\_ Tax ID#: \_\_\_\_\_ (Tax Certificate **Must** be Attached)

Name of Owner: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ SS#: \_\_\_\_\_

Mail to Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

AltPhone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Acct.PayableContact: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Would you like statements **Mailed, Faxed, or Emailed** (circle one) Winter Address: \_\_\_\_\_

### Other Partners or officers

Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

BusinessBank: \_\_\_\_\_ Account Number: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### Trade References (Minimum 3 Required- Suppliers Only, No Utilities) Fill out below or attach trade sheet.

1. Name \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

2. Name \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

3. Name \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Check One:**  Ok to ship orders COD while credit is processed,  Ship when credit is established.

**Terms: Net 30 days** (or otherwise noted on invoice); No goods are to be returned without authorization. No sales are made on consignment. Interest charges, on overdue accounts, not paid within terms of invoice, will be charged at the greater of the maximum legal rate (NY) or two percent (2%) per month. In the event Wilcor international Inc. (WILCOR) commences collection proceedings and/or litigations in order to recover any portion of the amount owed by you, its customer, the customer (buyer/purchaser) agrees to pay the balance owed, together with interest as stated herein above, in addition to thirty three and one-third percent (33 1/3%) of the amount or balance owed of the obligations sought (by Wilcor and/or its attorneys or collection representatives), representing collection, legal fees, and court costs. Return check policy: if a check is returned there will be a \$50.00 service charge. Enforcement of any/all collections shall commence in Oneida County, NY in accordance with the laws of the State of NY unless otherwise advised. I understand that the above information that I have given is true and that it may be used to obtain references on which the firm can base credit for my company.

Signature of Store Owner \_\_\_\_\_ Print Name: \_\_\_\_\_

Name of Business: \_\_\_\_\_ Date: \_\_\_\_\_

**Wilcor International**  
161 Drive In Road, Frankfort, NY, 13340  
Accts. Rec.: 315-733-3542 Ext.711 Fax: 315-733-3215  
AccRec@wilcor.net

**INDIVIDUAL PERSONAL GUARANTEE**

Date: \_\_\_\_\_

I, \_\_\_\_\_, residing at \_\_\_\_\_  
Your Name Your Home Address

(\_\_\_\_\_) \_\_\_\_\_ for and in consideration of your extending credit at my request to \_\_\_\_\_  
Your Home Phone # Name of the Company

(here in after referred to as the company), of which I am \_\_\_\_\_, hereby personally guarantee to you the payment at  
Title

Wilcor International, in the State of New York, of any obligation of the company and I hereby agree to bind myself to pay you on demand any sum which may become due to you by the company whenever the company shall fail to pay the same. It is understood and agreed that this shall be a continuing and irrevocable guarantee and indemnity for such indebtedness of the company. I do hereby waive notice of default, nonpayment, and notice thereof and consent to any modification or renewal of the credit agreement hereby guaranteed. It is further understood and agreed that this guarantee shall be construed in accordance with, and shall be governed by, the laws of the State Of New York, and that venue for the interpretation and/or enforcement there of shall be in Oneida County, New York.

**Terms: Net 30 days** (or otherwise noted on invoice); No goods are to be returned without authorization. No sales are made on consignment. Interest charges, on overdue accounts, not paid within terms of invoice, will be charged at the greater of the maximum legal rate (NY) or two percent (2%) per month. In the event Wilcor international Inc. (WILCOR) commences collection proceedings and/or litigations in order to recover any portion of the amount owed by you, its customer, the customer (buyer/purchaser) agrees to pay the balance owed, together with interest as stated herein above, in addition to thirty three and one-third percent (33 1/3%) of the amount or balance owed of the obligations sought (by Wilcor and/or its attorneys or collection representatives), representing collection, legal fees, and court costs. Return check policy: if a check is returned there will be a \$50.00 service charge. I understand that the above information that I have given is true and that it may be used to obtain references on which the firm can base credit for my company.

**Print Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **SS#** \_\_\_\_\_

Name of Bank

**AUTHORIZATION TO FURNISH BANKING INFORMATION TO WILCOR**

(Necessary to process page 1 of application)

To: \_\_\_\_\_

You are hereby authorized to furnish Wilcor International Inc. with account and credit information in connection with our application for credit with them. Your response is solely a matter of courtesy for which no responsibility is attached to your institution or any of your officers.

Business Name \_\_\_\_\_ Authorized Signature \_\_\_\_\_

Account #(s) \_\_\_\_\_ Date \_\_\_\_\_