

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.

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

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

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

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

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

How many years 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, office equipment or supplies.) Fill out below or attach trade sheet.

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

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

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

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

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

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 or credit card policy: if a check is returned there will be a \$50.00 service charge. Enforcement of any/all collections shall commence in Herkimer 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: \_\_\_\_\_