

The Supply, Inc., DBA



Washington Supply Company

2 Calhoun Street
P.O. Box 384

Washington Depot, Connecticut 06794

Phone: 860-868-7395

Fax - Office: 860-868-2163

Fax - Sales Office: 860-868-6032

Application for Credit - Business Account

Company Name: _____

DBA: _____

Physical Street Address: _____

City: _____ State: _____ Zip Code: _____

Years at present physical address: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Business Phone Number: (____) _____ Accounting Phone Number: (____) _____

Facsimile Number: (____) _____ Email Address: _____ @ _____

Employer Identification (EIN) Number: _____ DUNS Number: _____

Sales Tax Identification Number: _____ State: _____

Are you claiming an exemption from Sales Tax? Y / N (*Copy of Resale Certificate Required*)

Business Type () Corporation () Partnership / LLC () Sole Proprietorship

List of Owners / Officers / Partners (Please use an additional page, if required)

Name: _____ Position: _____ S.S.#: _____

Address: _____ Phone: _____

Name: _____ Position: _____ S.S.#: _____

Address: _____ Phone: _____

CONTINUED ON NEXT PAGE



Washington Supply Company

List of Owners / Officers / Partners - continued:

Name: _____ Position: _____ S.S.#: _____

Address: _____ Phone: _____

Persons Authorized to Charge on this Account (Changes MUST BE made in writing)- please use an additional page, if required:

Name: _____ Name: _____

Name: _____ Name: _____

Name: _____ Name: _____

Name: _____ Name: _____

Banking Information:

Checking Account Number: _____

Bank and Branch: _____ Phone: _____

Trade References:

	Name	Address	Phone / Facsimile
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

CREDIT LINE REQUESTED: _____

CONTINUED ON NEXT PAGE



CREDIT AGREEMENT - COMPANY

Everything stated in this application is correct to the best of my knowledge. I understand that The Supply, Inc. will retain this application whether or not it is approved. The Supply, Inc. is authorized to check the credit history of the company and all listed Officers.

The Company agrees to pay all charges placed on this account within thirty days of the date of the monthly statement. The Company also agrees to pay any and all service charges at the rate stated on the statements when tendered. Should it be necessary, The Company also agrees to pay all collection costs, including attorney’s fees to facilitate collection of this account.

_____	_____
Signature	Date
_____	_____
Signatories Name	Title

CONTINUING GUARANTY

I, the undersigned, do hereby agree that in consideration of The Supply, Inc. making deliveries of any and all goods, material, merchandise and/or equipment which may be ordered and/or delivered to the above purchasing corporation or company, do hereby guarantee personally, irrespective of any representative title annexed to my signature, and agree to assume liability for the payment of all bills rendered or to be rendered which are not paid promptly by the purchasing corporation or company when due. I do expressly waive notice of sale and delivery of any goods, materials merchandise and/or equipment to the said purchaser, notice of non-payment thereof, notice of extension of time for the payment of any and all goods, materials, merchandise and/or equipment and notice of presentment and protest of any notes or other evidences of indebtedness of the purchasing corporation or company without in any way changing, releasing or discharging me from my obligations hereunder. This Guaranty shall remain in full force and effect until a revocation by registered mail is sent to and received by The Supply, Inc. and thereafter until any and all claims for payment have been settled or otherwise discharged in full.

_____	_____
Guarantor Signature	Social Security Number
_____	_____
Please Print Name Above	Date
_____	_____
Street Address	City
	State
	Zip Code