



## CONFIDENTIAL CREDIT APPLICATION

A FACSIMILE COPY OF THIS APPLICATION DEEMED AN ORIGINAL FOR ALL PURPOSES. CREDIT APPLICANT KNOWINGLY WAIVES ANY CONTRARY CLAIM, AND EXPRESSLY ACKNOWLEDGES THAT MONTROY SUPPLY COMPANY MAY RELY UPON THE FACSIMILE SIGNATURE CONTAINED IN THIS APPLICATION AS IF IT WERE AN ORIGINAL.

We appreciate the opportunity to serve you. To process you on an open and/or C.O.D. account, please fill out the required information completely and sign on the appropriate line.

Amount of credit requested: \$ \_\_\_\_\_

Firm Name \_\_\_\_\_

Address \_\_\_\_\_

Tel. No. (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Federal ID# \_\_\_\_\_ Date Business Opened \_\_\_\_\_

Landlord's Name & Address \_\_\_\_\_

Bond No. - Name/Address of Co. \_\_\_\_\_

Please attached a list of all other stores or outlets or list below: \_\_\_\_\_

Type of business:       Proprietorship       Partnership       Corporation

List all owners or officers including home addresses, telephone numbers, and social security numbers.

Name \_\_\_\_\_  Pres.       V.P.  
Address \_\_\_\_\_  Sec.       Owner

Home Tel. (\_\_\_\_) \_\_\_\_\_ S/S # \_\_\_\_\_  
Name \_\_\_\_\_  Pres.       V.P.  
Address \_\_\_\_\_  Sec.       Owner

Home Tel. (\_\_\_\_) \_\_\_\_\_ S/S # \_\_\_\_\_  
Name \_\_\_\_\_  Pres.       V.P.  
Address \_\_\_\_\_  Sec.       Owner

Home Tel. (\_\_\_\_) \_\_\_\_\_ S/S # \_\_\_\_\_  
Name \_\_\_\_\_  Pres.       V.P.  
Address \_\_\_\_\_  Sec.       Owner

Home Tel. (\_\_\_\_) \_\_\_\_\_ S/S # \_\_\_\_\_

**LIST FOUR TRADE REFERENCES:**

1. \_\_\_\_\_ Tel. (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

2. \_\_\_\_\_ Tel. (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

3. \_\_\_\_\_ Tel. (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

4. \_\_\_\_\_ Tel. (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

**BANK REFERENCE:** Account # \_\_\_\_\_ Tel. (\_\_\_\_) \_\_\_\_\_

Bank Name \_\_\_\_\_

Address \_\_\_\_\_

Payment on all orders is due as indicated on invoices. A service charge of 1½% per month will be assessed on the unpaid balance due after 45 days. A service charge of \$20.00 will be added for all returned checks.

Should Montroy Supply Co. (Montroy) find it necessary to pursue collection measures on a delinquent balance, either through an attorney, and/or collection agency; then all invoices regardless of maturity dates will also become due and payable at the same time that said collection measures are taken. In the event Montroy shall be required to retain or hire any attorney to collect such past due obligations and costs referred to herein, the Customer shall pay Montroy's attorneys fee incurred as a result of such collection services, in addition to all sums owed to Montroy by Customer.

All statements made herein are true and accurate to the best of our knowledge. We authorize Montroy to make any and all inquiries necessary for action on this credit application. We hereby indemnify Montroy and its agents from any liability resulting from their credit survey.

Legal Signature

Title

Legal Signature

Title

To Our Customers: In compliance with Sales and Use Tax law, it is necessary that we have from all our customers, a signed resale certificate with their state sales tax permit number to show that the merchandise has been purchased for resale. Please fill out the certificate below in it's entirety. Thank you.

**RESALE CERTIFICATE**

I HEREBY CERTIFY: I hold seller's permit No. \_\_\_\_\_ issued pursuant to the Sales and Use Tax Law; that I am engaged in the business of selling;

That the tangible personal property described herein which I shall purchase from **Montroy Supply Company** will be resold by me in the form of tangible personal property; I further certify that in the event any of the property is used for any purpose other than retention, demonstration or display while I am holding it for sale in the regular course of business, it is understood that I am required by the Sales and Use Tax law to report and pay for the tax, measured by the purchase price of such property.

Description of the property to be purchased:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NAME OF PURCHASER

ADDRESS OF PURCHASER

SIGNATURE OF PURCHASER OR AUTHORIZED AGENT

DATE