

# SANDLER BROS.

## CREDIT APPLICATION AND PERSONAL GUARANTEE

<b>OFFICE USE ONLY</b>	
<input type="checkbox"/>	ENTER IN MAS 90
<input type="checkbox"/>	READY FOR FINAL APPROVAL
<input type="checkbox"/>	TERMS & CREDIT LIMIT
<input type="checkbox"/>	SEND LETTER

PLEASE TYPE OR PRINT ALL INFORMATION

FIRM NAME \_\_\_\_\_ SALES PERSON  
NAME: \_\_\_\_\_ CODE \_\_\_\_\_

DBA \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_

PHONE ( ) \_\_\_\_\_ FAX ( ) \_\_\_\_\_

SHIPPING ADDRESS \_\_\_\_\_

PHONE ( ) \_\_\_\_\_ FAX ( ) \_\_\_\_\_

LEGAL ENTITY:  Corporation  Partnership  Ind. Prop.

How long in business? \_\_\_\_\_ FED ID TAX # \_\_\_\_\_

A/P CONTACT: \_\_\_\_\_ PHONE ( ) \_\_\_\_\_ FAX ( ) \_\_\_\_\_

PROPRIETORS, PARTNERS, OR OFFICERS (All must be included)

(1) NAME \_\_\_\_\_ COMPLETE (RESIDENCE) ADDRESS (CITY, STATE, ZIP) \_\_\_\_\_  
 ( ) PHONE # \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_ DRIVER'S LICENSE NO./STATE \_\_\_\_\_

(2) NAME \_\_\_\_\_ COMPLETE (RESIDENCE) ADDRESS (CITY, STATE, ZIP) \_\_\_\_\_  
 ( ) PHONE # \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_ DRIVER'S LICENSE NO./STATE \_\_\_\_\_

TRADE REFERENCES:	PHONE #	FAX #	ACCT #
(1) _____	( ) _____	( ) _____	_____
(2) _____	( ) _____	( ) _____	_____
(3) _____	( ) _____	( ) _____	_____

YOUR BANK NAME \_\_\_\_\_ BRANCH \_\_\_\_\_ ( ) PHONE # \_\_\_\_\_

CHECKING ACCOUNT # \_\_\_\_\_ SAVINGS ACCOUNT # \_\_\_\_\_

THE UNDERSIGNED FURTHER AUTHORIZES OUR BANK(S) TO RELEASE ANY INFORMATION NECESSARY TO ASSIST IN ESTABLISHING AN ACCOUNT WITH SANDLER BROS., INC

EXECUTED \_\_\_\_\_ DATE \_\_\_\_\_ AUTHORIZED SIGNATURE & TITLE \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_  
(SIGNATURE REQUIRED) FEDERAL ID NO. \_\_\_\_\_

PERSONS AUTHORIZED TO PLACE ORDERS:

Will COD shipments be acceptable until credit is approved?  Yes  No

The information and statements in this application are true and complete and they are made for the purpose of inducing you to establish an open account line of credit. You are hereby authorized to obtain information you consider necessary from any source concerning the statements in this application.

In consideration of, and in order to induce you to establish an open line of credit based on the foregoing application, the UNDERSIGNED INDIVIDUAL PROMISES TO PAY AND GUARANTEES FULL PAYMENT FOR ALL PURCHASES IN ACCORDANCE WITH YOUR TERMS OF SALE, WHETHER SUCH INDIVIDUAL SIGNS BELOW IN HIS INDIVIDUAL OR CORPORATE CAPACITY. If at any time, for any reason, the purchaser fails to pay for said purchases when due, the undersigned agrees to pay and authorizes you to bill to my/our account interest computed at the legal of rate of 1 1/2% per month on any past due amount owing on my/our account, but not to exceed the maximum rate permitted by law. In the event it becomes necessary for your company to incur collection costs, or to institute suit to collect any amount due under this agreement, or any portion thereof, the undersigned promises to pay such additional collection costs, charges, and expenses including reasonable attorney's fees if the account is placed in the hands of an attorney or collection agency for collection. The undersigned waives any right to require you to proceed against the purchaser before or after proceeding against the undersigned. If there is more than one undersigned individual, their liability shall be joint and several.

(1) OWNER'S OR PRINCIPAL'S NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PLEASE PRINT NAME \_\_\_\_\_

(2) OWNER'S OR PRINCIPAL'S NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PLEASE PRINT NAME \_\_\_\_\_