



CREDIT APPLICATION

DATE \_\_\_\_\_

I. GENERAL INFORMATION:

Legal name of business or individual

\_\_\_\_\_

Doing Business As

\_\_\_\_\_

Mailing Address

\_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_

Phone No. \_\_\_\_\_

FaxNo. \_\_\_\_\_

Business Website Address \_\_\_\_\_

Nature of Business \_\_\_\_\_

Ship To Address (Complete address, including County, at which you maintain a place of business)

Federal I.D. # \_\_\_\_\_

Dunn & Bradstreet # \_\_\_\_\_

Is this business a: \_\_\_\_\_ Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Proprietorship \_\_\_\_\_ LLC \_\_\_\_\_  
Other \_\_\_\_\_ If incorporated, state of incorporation.

\_\_\_\_\_

How long have you been in business?

\_\_\_\_\_

Parent Co. (If Applicable)

\_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Zip Code \_\_\_\_\_

Name, title, and address of corporate officers, partners, or owners:



Have you declared bankruptcy in the last 14 years? If so, give date, court and outcome.

Is this business a defendant in any suits or legal actions?

\_\_\_\_\_

If so, please explain:

\_\_\_\_\_

Do you pay sales tax? \_\_\_\_ Yes \_\_\_\_ No; Sales Tax Exemption No. \_\_\_\_\_

Please attach exemption certificate.

If yes, what rate do you pay: State of \_\_\_\_\_, \_\_\_\_\_ %

City of \_\_\_\_\_, \_\_\_\_\_ %

County of \_\_\_\_\_, \_\_\_\_\_ %

Do you issue purchase orders? \_\_\_\_ Yes \_\_\_\_ No; If yes, \_\_\_\_ written or \_\_\_\_ verbal?

List authorized buyers

\_\_\_\_\_

Special Billing Instructions

\_\_\_\_\_

Accounts Payable Contact \_\_\_\_\_

A/P Phone \_\_\_\_\_ Ext. \_\_\_\_\_ Do you require statements? \_\_\_\_

Yes \_\_\_\_ No A/P Email \_\_\_\_\_

Credit Limit Requested \_\_\_\_\_

Credit Application Contact \_\_\_\_\_



**Bank Reference**

Bank Name \_\_\_\_\_  
Account No. \_\_\_\_\_  
Street \_\_\_\_\_  
Bank / Loan Officer \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Zip Code \_\_\_\_\_  
Phone No. \_\_\_\_\_  
Fax No. \_\_\_\_\_

**Current Trade References**

Name \_\_\_\_\_ Phone No. \_\_\_\_\_  
Fax No. \_\_\_\_\_ Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Name \_\_\_\_\_ Phone No. \_\_\_\_\_  
Fax No. \_\_\_\_\_ Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name \_\_\_\_\_ Phone No. \_\_\_\_\_  
Fax No. \_\_\_\_\_ Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_



## II. TERMS, LATE CHARGES, LEGAL FEES

TERMS: Net 30 from invoice date.

LATE CHARGES: A late charge of 1 ½% (18% per annum) will be added to any balance that has not been paid by the due date. This late charge is controlled by State and Federal laws and in accordance with those laws may be subject to change.

LEGAL FEES: Reasonable attorney fees, all cost of litigation, and collection costs incurred in collecting delinquent accounts, whether or not suit is filed, will be added to the account balance.

The undersigned submits the above Credit Application and the information contained therein for the purpose of obtaining, or maintaining credit with you on behalf of the undersigned or persons, firms or corporations on whose behalf undersigned has been duly authorized to open and maintain such account. The undersigned understands that you are relying on the information provided herein in deciding to grant or continue credit.

The undersigned represents and warrants that he has been duly authorized to open this account, make this application and the representations herein. The undersigned represents and warrants that the information provided is true, correct and complete and that you may consider this statement as continuing to be true and correct until written notice of a change is given to you by the undersigned. You are authorized to make all inquiries you deem necessary to verify the accuracy of the statements made herein, and to determine creditworthiness. You are authorized to answer questions about your credit experience with us.

If credit is extended to the undersigned, then the undersigned agrees to pay all of your reasonable attorney fees, collection costs, and costs of litigation incurred in collecting any delinquent accounts of the undersigned.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE

Print Name \_\_\_\_\_

SIGNATURE \_\_\_\_\_

TITLE: \_\_\_\_\_

**(Only officer, partner, or owner may sign)**

4319 Route 130 South  
Edgewater Park, NJ 08010

888-700-9273  
609-871-4302

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**4319 Route 130 South Edgewater Pk NJ 08010**

**Phone: 888.700.YARD (9273)**

**Fax: 609.871-4302**



**Guaranty**

The undersigned unconditionally guarantees and agrees to be personally, jointly, and severally liable and to act as a surety for \_\_\_\_\_ its endorsees or assigns, for the prompt payment when due of any claims of BCY Supply, LLC, hereinafter referred to as BCY together with the costs and expenses of collection, including reasonable attorneys fees, incurred by BCY in the recovery of such claims in the event of default. For purposes of this Agreement, an event of default shall mean the failure to make any timely payment due to BCY. This obligation shall cover the extension, renewal, settlement or compromise of any claims guaranteed by this instrument and shall not be affected by any surrender or release by BCY of any other security held by it for any claim hereby guaranteed. The undersigned waives notice of acceptance hereof, notice of nonperformance or nonpayment, notice of presentment, demand for payment, or any an all further demands or notices of any kind from BCY. This is a continuing guaranty and shall remain in force until revoked by notice in writing to BCY served certified mail, return receipt requested, such revocation to be effective only as to the claims of BCY which arise out of transactions entered into after its receipt of such notice.

The undersigned personally guarantees payment of all debt incurred by \_\_\_\_\_ to BCY.

The undersigned consents to BCY obtaining a consumer credit report on the undersigned guarantor(s) for the purpose of evaluating the creditworthiness of the undersigned guarantor(s), in connection with an application for business credit.

\_\_\_\_\_  
signature

\_\_\_\_\_  
signature of spouse or 2<sup>nd</sup> officer

\_\_\_\_\_  
print name of Owner &/or Managing Member

\_\_\_\_\_  
print name

\_\_\_\_\_  
home address

\_\_\_\_\_  
home address

\_\_\_\_\_  
city, state, zip code

\_\_\_\_\_  
city, state, zip code

\_\_\_\_\_  
home telephone/mobile phone number

\_\_\_\_\_  
home telephone/mobile phone number

\_\_\_\_\_  
social security number

\_\_\_\_\_  
social security number

Notary Public: \_\_\_\_\_

Place Seal Here:

Commission Expires: \_\_\_\_\_

County of \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_



Request for Release of Credit Information:

Company: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature

\_\_\_\_\_