

Grant Supply Company Inc. 901 Joyce Kilmer Ave. North Brunswick, NJ 08902
Phone: 732-545-1018 – FAX: 732-545-9879
CREDIT APPLICATION & PERSONAL GUARANTEE

Date _____

Legal Name _____ e-mail _____

Trade Name If Any _____

Address _____

Business Phone _____ Business Cell _____ Business Fax _____

Type of Business: Corporation ___ Partnership ___ Proprietorship ___ Other _____

Would you like your invoices e-mailed or faxed? _____ e-mailed _____ faxed

PRINCIPALS OR OWNERS:

1. Name _____ Home Address _____

Business Title _____ Home Phone _____ SS# _____

2. Name _____ Home Address _____

Business Title _____ Home Phone _____ SS# _____

3. Name _____ Home Address _____

Business Title _____ Home Phone _____ SS# _____

BANK REFERENCE:

Name _____ Account Number _____

Address _____

Name _____ Account Number _____

Address _____

TRADE REFERENCE:

1. Supplier Name & Address _____

2. Supplier Name & Address _____

3. Supplier Name & Address _____

We certify that the above information is true and correct and we agree to pay this account in accordance with your credit terms. We authorize you to verify this information and/or obtain additional information by securing data from a credit-reporting agency. We understand that all past due balances will be subject to a 1 ½% per month service charge. We further agree to pay 30% collection charge, in the event of default, if the account is placed with an attorney or bonded collection agency.

Signed _____ Position _____

Signed _____ Position _____

PERSONAL GUARANTEE

For good and valuable consideration, the undersigned (jointly & individually) agree to be personally liable for all indebtedness incurred by the above listed corporation or business entity. The undersigned (jointly & individually) further agree to be personally liable for all indebtedness based on the extension of credit to any other corporation or business entity with which the undersigned is or may be affiliated. If a default in the terms of payment occurs on any account on which the undersigned is or may be liable, and which is placed with an attorney or bonded collection agency, the undersigned (jointly & individually) agree to pay an additional 30% collection charge on the entire unpaid balance.

Signed _____ Witness _____ Date _____

Signed _____ Witness _____ Date _____

THE USE OF MY CORPORATE TITLE IS ONLY TO IDENTIFY MY POSITION IN THE COMPANY AND IN NO WAY NEGATES MY PERSONAL GUARANTEE.