

MAIL TO:



617 11TH AVE. New York, NY 10036  
NEW ACCOUNTS DEPT.

IN MANHATTAN

MIDTOWN

617 11th Avenue  
New York, NY 10036  
TEL: (212) 246-9090  
FAX: (212) 246-0857

SOHO

175 Spring Street  
New York, NY 10012  
TEL: (212) 966-3466  
FAX: (212) 941-1453

CORONA

108-56 Roosevelt Ave.  
Corona, NY 11368  
TEL: (718) 898-2100  
FAX: (718) 898-3026

IN QUEENS

JAMAICA

108-20 Merrick Blvd.  
Jamaica, NY 11433  
TEL: (718) 657-0100  
FAX: (718) 657-3110

MARK 174

ASTORIA

34-35 Steinway Street  
Long Island City, NY 11101  
TEL: (718) 392-4441  
FAX: (718) 392-1934

CREDIT APPLICATION

COMPANY NAME \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

ATTENTION/CONTACT NAME \_\_\_\_\_ TITLE \_\_\_\_\_

TYPE OF BUSINESS \_\_\_\_\_ AMOUNT OF CREDIT DESIRED \_\_\_\_\_

HOW LONG IN BUSINESS \_\_\_\_\_

ARE YOU A LICENSED CONTRACTOR WITH N.Y.C. DEPT. OF CONSUMER AFFAIRS? YES  NO

RESALE NO. \_\_\_\_\_ FED. I.D. NO. \_\_\_\_\_ GIVE LICENSE NO. \_\_\_\_\_

PRINCIPALS/OWNERS PERSONAL INFORMATION

NAME (1) \_\_\_\_\_ TITLE \_\_\_\_\_ RES. PHONE NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

SOCIAL SECURITY NO. \_\_\_\_\_

NAME (2) \_\_\_\_\_ TITLE \_\_\_\_\_ RES. PHONE NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

SOCIAL SECURITY NO. \_\_\_\_\_

In order to induce you to sell merchandise & extend credit to the above applicant, corporation or partnership, the undersigned, jointly & severally, guarantee the full and prompt payment of any indebtedness which may, at any time and from time to time be incurred by said corporation or partnership to you and in the event of any default and/or failure to pay any amounts due you from said corporation or partnership, you shall be entitled to look to the undersigned immediately for such payment without prior demand or notice to the undersigned and without you first proceeding against the above corporation or partnership. I (we) waiver any extension of time or other indulgence to the above corporation or partnership. Furthermore, in the event, you should find it necessary to institute any legal proceeding, including the foreclosure of any mechanic's lien against any of the premises to which you supplied lumber and/or building materials, I (we) agree to be responsible for and reimburse you for all costs and disbursements incurred by you in bringing such legal proceeding. Should you be successful in obtaining a judgment in your favor against either the above corporation or partnership or any of the undersigned, I (we) further agree to be responsible to you for attorney's fees, to include the costs of any in-house legal department, in an amount equal to the larger of the sum of \$250.00 or twenty-five (25%) percent of the dollar amount of any judgment recovered against either the above corporation or partnership or any of the undersigned.

It is understood that any and all credits, of any sort whatsoever, claimed against balances due on the above account will only be honored when evidenced by a written credit memorandum issued by you to the above account holder. This shall include credits for any and all merchandise returns, price adjustments, claimed delivery shortages and for any other reason whatsoever.

PLEASE PRINT NAME

SIGNATURE

1. \_\_\_\_\_ 1. \_\_\_\_\_

2. \_\_\_\_\_ 2. \_\_\_\_\_

OVER

COMPANY NAME \_\_\_\_\_ TELEPHONE \_\_\_\_\_

**REFERENCES**

BANK NAME \_\_\_\_\_ TELEPHONE \_\_\_\_\_

ACCOUNT NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_

VENDOR \_\_\_\_\_ TELEPHONE \_\_\_\_\_

ACCOUNT NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_

VENDOR \_\_\_\_\_ TELEPHONE \_\_\_\_\_

ACCOUNT NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_

VENDOR \_\_\_\_\_ TELEPHONE \_\_\_\_\_

ACCOUNT NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_

**METROPOLITAN OFFICE USE ONLY**

	1	2	3	4
HOW LONG ACCOUNT OPEN	_____	_____	_____	_____
TYPE OF PAYMENT	_____	_____	_____	_____
HIGHEST CREDIT	_____	_____	_____	_____
ANY PROBLEMS	_____	_____	_____	_____
SPEAK TO	_____	_____	_____	_____

APPROVED BY \_\_\_\_\_ DATE \_\_\_\_\_

MONTHLY CREDIT LIMIT \_\_\_\_\_ ACCOUNT NO. \_\_\_\_\_

OUR SALESPERSON'S NAME **MARK 174** \_\_\_\_\_