



CONFIDENTIAL CREDIT APPLICATION AND AGREEMENT

PLEASE CHECK BRANCH FROM WHICH YOU REQUEST CREDIT:

- | | | | | |
|---|---|--|---|--|
| <input type="checkbox"/> ATLANTA, GA | <input type="checkbox"/> CLEVELAND, OH | <input type="checkbox"/> LAS VEGAS, NV | <input type="checkbox"/> NORFOLK, VA | <input type="checkbox"/> SAN ANTONIO |
| <input type="checkbox"/> BALTIMORE, MD | <input type="checkbox"/> COLUMBIA, SC | <input type="checkbox"/> LINDEN, NJ | <input type="checkbox"/> ORLANDO, FL | <input type="checkbox"/> SAN DIEGO, CA |
| <input type="checkbox"/> BREA, CA | <input type="checkbox"/> DALLAS, TX | <input type="checkbox"/> LOUISVILLE, KY | <input type="checkbox"/> PHILADELPHIA, PA | <input type="checkbox"/> TULSA, OK |
| <input type="checkbox"/> BUFFALO, NY | <input type="checkbox"/> INDIANAPOLIS, IN | <input type="checkbox"/> MILWAUKEE, WI | <input type="checkbox"/> PHOENIX, AZ | |
| <input type="checkbox"/> CLEARWATER, FL | <input type="checkbox"/> KANSAS CITY, KS | <input type="checkbox"/> MINNEAPOLIS, MN | <input type="checkbox"/> PITTSBURGH, PA | |

Line of Credit Requested \$ _____ Date _____

BUSINESS NAME			PHONE	
STREET		FAX		WEBSITE ADDRESS
CITY	STATE	ZIP	YEARS AT THIS ADDRESS:	
TYPE OF BUSINESS:	FEDERAL TAX ID #:	DATE ESTABLISHED:	HOW LONG IN BUSINESS?	

OWNERSHIP: SOLE OWNER PARTNERSHIP CORPORATION OTHER _____

NAMES AND TITLES OF PRINCIPAL OWNERS OR OFFICERS

NAME	TITLE	TELEPHONE #		
HOME ADDRESS				
SOCIAL SECURITY #	CELL PHONE #	E-MAIL ADDRESS	DRIVERS LICENSE #/STATE	

NAME	TITLE	TELEPHONE #		
HOME ADDRESS				
SOCIAL SECURITY #	CELL PHONE #	E-MAIL ADDRESS	DRIVERS LICENSE #/STATE	

TRADE REFERENCES

(Name Suppliers of Major Products and Services)

NAME	ADDRESS	TELEPHONE #	FAX #
NAME	ADDRESS	TELEPHONE #	FAX #
NAME	ADDRESS	TELEPHONE #	FAX #
NAME	ADDRESS	TELEPHONE #	FAX #

Please complete and fax back to: 502.271.5519.



BANK REFERENCES

BANK NAME		ADDRESS	
TELEPHONE #	FAX #	ACCOUNT MANAGER	
ACCOUNT TYPE		ACCOUNT #	

BANK NAME		ADDRESS	
TELEPHONE #	FAX #	ACCOUNT MANAGER	
ACCOUNT TYPE		ACCOUNT #	

HAS THE FIRM OR ANY OF ITS PRINCIPALS EVER BEEN BANKRUPT? YES NO

IF YES, EXPLAIN: _____

PERSON TO CONTACT ABOUT ACCOUNT:

NAME	TITLE	TELEPHONE #
------	-------	-------------

The above information is given for the purpose of obtaining credit and is warranted to be true. I/We hereby authorize N. Glantz & Son, LLC or its agent to make any inquiries it deems necessary pertaining to my/our credit and financial responsibility, including obtaining a commercial and/or consumer credit report in connection with the opening, monitoring, renewal, and extension of credit with N. Glantz & Son LLC. The undersigned agrees to pay for all materials and services provided, shipped and /or billed by N. Glantz & Son, LLC within thirty (30) days of invoice date. I/We further agree to pay all finance charges imposed at the rate of 1-1/2% per month (18% per annum) on any invoice not paid within thirty (30) days. I/We understand our account may be put on COD should any invoices not be paid within sixty (60) days. In the event it becomes necessary for N. Glantz & Son, LLC to place this account for collection, whether or not legal action is filed, I/we agree to pay all costs and expenses of collection including, but not limited to, collection agency fees and reasonable attorney fees. I/We waive any rights to a jury trial. Venue for any action brought shall be at the discretion of N. Glantz & Son, LLC.

(DATE)

(OWNER, PARTNER, OFFICER SIGNATURE)

PERSONAL GUARANTEE

In consideration of credit being extended by N. Glantz & Son, LLC to the above named applicant for merchandise to be purchased whether applicant be an individual or individuals, a proprietorship, a partnership, a corporation, or other entity, the undersigned guarantor or guarantors each hereby personally and unconditionally contract and guarantee to N. Glantz & Son, LLC the faithful payment, when due, of all accounts of said applicant. The undersigned guarantor or guarantors each hereby expressly waive all notice of acceptance of this guarantor, notice of extension of credit to applicant, presentment, and demand for payment on applicant, protest and notice to undersigned guarantor or guarantors extension of time of payment to applicant or with respect to any security held by N. Glantz & Son, LLC extension of time to applicant, acceptance of partial payment or partial compromise, all other notices to which undersigned guarantor or guarantors might otherwise be entitled and demand for payment under this guarantee. Absent written permission by creditor, this personal guarantee may not be revoked.

(NAME OF PERSONAL GUARANTOR-PLEASE PRINT NAME)

(DATE)

(SIGNATURE OF PERSONAL GUARANTOR, SIGNED INDIVIDUALLY)
(PLEASE SIGN YOUR NAME)

Please complete and fax back to: 502.271.5519.