



2B Corn Road  
 Dayton, New Jersey 08810  
 Phone: 732-438-1400  
 Fax: 732-438-8300

# CREDIT APPLICATION

Date: \_\_\_\_\_  
 Credit Line Requested: \_\_\_\_\_  
 Sales Rep **\*\*Larry Stein\*\***  
 Builder  
 Property Management  
 Management Company

## CUSTOMER INFORMATION

Legal Business Name \_\_\_\_\_  
 DBA \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ County \_\_\_\_\_  
 State \_\_\_\_\_ 9 Digit Zip \_\_\_\_\_  
 ( ) \_\_\_\_\_  
 Telephone Number \_\_\_\_\_  
 ( ) \_\_\_\_\_  
 Fax Number \_\_\_\_\_

## COMPANY PRINCIPALS

Name \_\_\_\_\_ Title \_\_\_\_\_  
 Name \_\_\_\_\_ Title \_\_\_\_\_  
 Name \_\_\_\_\_ Title \_\_\_\_\_  
 Principal Home Address \_\_\_\_\_  
 City \_\_\_\_\_ County \_\_\_\_\_  
 State \_\_\_\_\_ 9 Digit Zip \_\_\_\_\_  
 ( ) \_\_\_\_\_  
 Telephone Number \_\_\_\_\_

## Type of Organization

- Corporation
- Limited Liability Company
- Partnership
- Proprietorship

Federal Tax ID # \_\_\_\_\_  
 Incorporated in the State of \_\_\_\_\_  
 In Business Since \_\_\_\_\_  
 Social Security # \_\_\_\_\_

Is firm a subsidiary of another Concern? Yes  No

If Yes, specify parent company \_\_\_\_\_

Is complete financial statement attached? Yes  No

If No, when may we expect to receive financials? \_\_\_\_\_

Date of Fiscal Closing \_\_\_\_\_

DUNS Number: \_\_\_\_\_

## Trade References

Trade Name	Street Address	City	State	ZIP	Account #	Telephone #	Fax #
_____	_____	_____	_____	_____	_____	( ) ( )	( ) ( )
_____	_____	_____	_____	_____	_____	( ) ( )	( ) ( )
_____	_____	_____	_____	_____	_____	( ) ( )	( ) ( )
_____	_____	_____	_____	_____	_____	( ) ( )	( ) ( )

Customer Statement: I warrant that the information set forth in this Credit Application is complete, true and accurate. I understand that nothing in this Application obligates Appliance Brokers Ltd. (ABL) to extend credit, to sell products or services to Customer, or authorize the sale of any ABL product or service. I authorize the bank and trade references set forth in this Credit Application and others to provide from time to time to Appliance Brokers Ltd. or its authorized representatives, information regarding my business relationship or operations (including financial information). I hereby release all such references and Appliance Brokers Ltd. from all liability regarding such inquiries and the furnishing of information. In addition, I agree that Appliance Brokers Ltd. shall be entitled to accelerate the account balance and recover interest, attorneys' fees and costs if it opens an account for Customer and must initiate collection activities to recover any credit extended on such account.

By (Print Name) \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_



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## JOB INFORMATION SHEET

CUSTOMER NAME: \_\_\_\_\_ Date: \_\_\_\_\_

### Construction Lender:

Name: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State/Zip: \_\_\_\_\_  
 Loan #: \_\_\_\_\_  
 Acct Officer: \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 Fax #: \_\_\_\_\_  
 Funds Disbursed by: Voucher or Draw  
 Voucher/Draw Dates: \_\_\_\_\_  
 Title Company: \_\_\_\_\_  
 Payment and Performance Bond or Surety Bond

### Recorded Owner of Project:

Name: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State/Zip: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_

### General Contractor:

Name: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State/Zip: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_

### Job Name:

Rehab  Apts  Condos  Homes   
 # of Units Lot # \_\_\_\_\_ Tract# \_\_\_\_\_ Phase# \_\_\_\_\_  
 1st Shipment Date: \_\_\_\_\_  
 Anticipated Job Completion Date: \_\_\_\_\_  
 Contract Amount Including Tax: \$ \_\_\_\_\_  
 Monthly Credit Line Requested: \$ \_\_\_\_\_  
 Project Tax Exempt? Yes  No

### Delivery Address:

Street: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State/Zip: \_\_\_\_\_  
 Attn:/Phone #: \_\_\_\_\_

### Billing Address:

Street: \_\_\_\_\_  
 City: \_\_\_\_\_ County: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Payment Schedule: \_\_\_\_\_

### Billing Information:

Accounts Payable Contact: \_\_\_\_\_  
 Accounts Payable Phone #: \_\_\_\_\_  
 Accounts Payable Fax #: \_\_\_\_\_