

WHOLESALE DISTRIBUTORS

Plumbing Electrical Heating Air Conditioning Water Systems Pipes Valves Fittings Etc.

GENERAL PLUMBING SUPPLY COMPANY, INC. APPLICATION FOR CREDIT

CREDIT LIMIT DESIRED _____ TAXABLE RESALE CONTRACTORS LICENSE NO. _____

RESALE NO. _____ CLASS _____

SOCIAL SECURITY NO. _____ FEDERAL ID # _____

FIRM NAME _____ TELEPHONE NO. _____

NAME OF PARENT COMPANY IF SUBSIDIARY _____ FAX NO. _____

BILLING ADDRESS _____

CITY _____ STATE _____ ZIP _____ COUNTY _____

STREET ADDRESS (IF DIFFERENT THAN ABOVE) _____

CITY _____ STATE _____ ZIP _____ COUNTY _____

CORPORATION YEAR INCORPORATED _____ LIST CORPORATE OFFICES:

NAME _____ TITLE _____

NAME _____ TITLE _____

NAME _____ TITLE _____

NAME _____ TITLE _____

PARTNERSHIP YEAR PARTNERSHIP ESTABLISHED _____ LIST PARTNERS:

NAME _____ TELEPHONE _____ SS# _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

NAME _____ TELEPHONE _____ SS# _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

NAME _____ TELEPHONE _____ SS# _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

OWNER YEAR BUSINESS ESTABLISHED _____

NAME _____ TELEPHONE _____ SS# _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

D&B RATED YES NO LISTED YES NO CITY _____ STATE _____ ZIP _____

BUSINESS CREDIT REFERENCES:

NAME _____ TELEPHONE _____ FAX _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____

NAME _____ TELEPHONE _____ FAX _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____

NAME _____ TELEPHONE _____ FAX _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____

NAME _____ TELEPHONE _____ FAX _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____

B A N K	BANK NAME _____	TELEPHONE _____
	ADDRESS _____	ACCOUNT NO. _____
	CITY _____	STATE _____
	ZIP _____	<input type="checkbox"/> INSTALLMENT <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> OTHER

SIGNED _____ **DATE** _____
 (FULL NAME AND TITLE IF APPLICANT IS A CORPORATION)

BY _____ **HOME ADDRESS** _____ **STATE** _____ **ZIP** _____

All the information I (we) have stated on this application is correct, and I (we) authorize General Plumbing Supply to make any inquiries to my (our) bank or others about my (our) finances, credit, and personal references they feel are necessary and provide information to others as permitted by law. I hereby agree that, if this application is approved and credit is extended, to pay my account in full on or before the 10th of the month following purchases. If any invoices are not paid in 60 days of invoice, all discounts will be revoked and prices reverted to list. In the event any legal action is necessary to enforce payment or collect any sums due hereunder the prevailing party shall be entitled to attorneys' fees and all costs and expenses necessarily incurred.

***** PERSONAL GUARANTEE *****
Personal Guarantee must be signed

* _____, personally guarantee all charges made as a result of this Credit Application, including attorneys' fees and costs, should payment not be made in accordance with the terms and conditions of sale. "I understand that General Plumbing Supply is relying upon this Personal Guarantee in extending credit to applicant".

Name _____ **TELEPHONE NO.** _____

STREET _____

CITY _____ **STATE** _____ **ZIP** _____

Spouse's Name _____

Renting **or Buying** **Where financed?** _____

Address _____

City _____ **State** _____ **Zip** _____

Print name _____ **Date** _____

Signature _____ **Date** _____

Personal Credit References

NAME _____ **TELEPHONE** _____

STREET ADDRESS _____ **CITY** _____ **STATE** _____ **ZIP** _____

NAME _____ **TELEPHONE** _____

STREET ADDRESS _____ **CITY** _____ **STATE** _____ **ZIP** _____

Bank References / Savings BANK NAME _____ **TELEPHONE** _____

ADDRESS _____ **ACCOUNT NO.** _____

CITY _____ **STATE** _____ **ZIP** _____

Bank References / Savings BANK NAME _____ **TELEPHONE** _____

ADDRESS _____ **ACCOUNT NO.** _____

CITY _____ **STATE** _____ **ZIP** _____

* **SIGNED** _____ **DATE** _____

****SIGNED** _____ **DATE** _____