

N&N SUPPLY COMPANY, INC.
 WHOLESALE PLUMBING, HEATING, AND AIR CONDITIONING
 5909-17 DITMAN ST
 PHILADELPHIA, PA 19135
 PHONE: (215) 535-7068 FAX: (215) 535-7363
 E-MAIL: nnsupply@comcast.net
 WEBSITE: NNSUPPLY.NET

CREDIT APPLICATION
(PLEASE TYPE OR PRINT)

BUSINESS NAME _____ DATE _____
 STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____
 BILLING ADDRESS _____
 TELEPHONE NO. _____ FAX NO. _____ EMAIL ADDRESS _____
 YEARS ESTABLISHED _____ TYPE OF BUSINESS _____ SOLE PROPRIETOR
 NUMBER OF EMPLOYEES _____ SS OR FEDERAL ID # _____ PARTNERSHIP
 ESTIMATED MONTHLY PURCHASES _____ CORPORATION

OWNERS (IF APPLICANT IS A SOLE PROPRIETORSHIP OR PARTNERSHIP) OR OFFICERS (IF CORPORATION)

NAME _____ TITLE _____ SS# _____
 HOME ADDRESS _____ HOME PHONE NO. _____
 NAME _____ TITLE _____ SS# _____
 HOME ADDRESS _____ HOME PHONE NO. _____
 NAME _____ TITLE _____ SS# _____
 HOME ADDRESS _____ HOME PHONE NO. _____

BANK OR SAVINGS AND LOAN ASSOCIATION

NAME _____ BRANCH ADDRESS _____
 ACCOUNT NUMBER _____ TYPE OF ACCOUNT _____
 NAME _____ BRANCH ADDRESS _____
 ACCOUNT NUMBER _____ TYPE OF ACCOUNT _____

APPLICANT'S PRINCIPAL SUPPLIERS (LIST AT LEAST THREE)

NAME _____ ADDRESS _____
 PHONE NO. _____ FAX NUMBER _____ ACCOUNT NO. _____
 NAME _____ ADDRESS _____
 PHONE NO. _____ FAX NUMBER _____ ACCOUNT NO. _____
 NAME _____ ADDRESS _____
 PHONE NO. _____ FAX NUMBER _____ ACCOUNT NO. _____

HAS APPLICANT OR ANY OF ITS PRINCIPALS EVER FILED A VOLUNTARY PETITION IN BANKRUPTCY?
 IF YES, EXPLAIN ON A SEPARATE SHEET OF PAPER YES NO

HAS A TAX LIEN OR CIVIL SUIT BEEN FILED AGAINST APPLICANT OR ANY PRINCIPAL WITHIN THAT LAST 6 YEARS? IF
 YES, EXPLAIN ON A SEPARATE SHEET OF PAPER YES NO

TERMS: In consideration of OUR COMPANY extending credit to the Applicant, the Applicant Agrees to pay for all items delivered or services rendered, or at the request of the Applicant, in accordance with the terms of each invoice. Applicant agrees that each of the terms and conditions of sale stated on the invoices shall be a term of the contract of each sale from OUR COMPANY to the Applicant. Applicant acknowledges that a monthly service charge of the highest amount legally allowed in the state shall be made on all sums due OUR COMPANY which have not been paid by the 30th day of the month following billing, and Applicant agrees to promptly pay said service charge. An additional service charge, computed on the same basis, will be due and payable every thirty (30) days thereafter. Waiver of any one or more service charges shall not be deemed to be a waiver of future service charges. Applicant and OUR COMPANY are parties to a written commercial contract, should it become necessary to place the account with a collection agency or attorney, the Applicant agrees to pay all collection costs and attorney as in addition to all other sums due. Applicant authorizes OUR COMPANY to obtain credit and financial information concerning the Applicant at any, and from any source. The undersigned warrants that the above agreement has been carefully read and the Applicant understands completely.

 PRINT NAME OF APPLICANT TITLE

 SIGNATURE OF APPLICANT DATE

If a Corporation, please complete the following:

I/We, _____

For and in consideration of your extending credit at my/our request to _____
(Guarantor(s) Company Name)

hereby personally guarantee to you the payment of any obligation of the above company, and I/we hereby agree to bind myself/ourselves to pay you on demand any sum which may become due to you by the company whenever the company shall fall to pay the same. It is understood that this guarantee shall be a continuing and irrevocable guaranty and indemnity of such indebtedness of the company. I/We do hereby waive notice of default, non-payment and notice thereof and consent to any modification or renewal of the credit agreement hereby guaranteed. If the credit is granted, it is understood to be under the conditions set forth in the above statement of terms.

Guarantor: _____ **SS#** _____
Print Name

Signature of above individual **Date:** _____
(Must agree with Notary)

Home Address **Phone:** _____

Guarantor: _____ **SS#** _____
Print Name

Signature of above individual **Date:** _____
(Must agree with Notary)

Home Address **Phone:** _____

Above signatures to be notarized

State of _____, County of _____

I certify that on _____, 19_____,

_____ personally came before me and

Acknowledged under oath, to my satisfaction, that this person (or if more than one, each person):

- (a) is named in and personally signed this document; and**
- (b) Signed, sealed and delivered this document as his or her act and deed.**

NOTARY SEAL

(Notary Public)

**Notary Stamp
With Expiration Date:**