



980 NEW DURHAM ROAD  
 EDISON, NJ 08817  
**TEL: 732-248-5650**  
 www.generalplumbingsupply.net  
 Distributors: Plumbing / Heating / HVAC / Industrial

SALESMAN: \_\_\_\_\_

**COMMERCIAL  
 CREDIT APPLICATION  
 AND PERSONAL  
 GUARANTEE**

PLEASE TYPE OR PRINT

LEGAL COMPANY NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
 PHONE \_\_\_\_\_ CONTACT \_\_\_\_\_  
 FAX # \_\_\_\_\_

Type of Legal Entity  
 Sole Proprietorship  
 Partnership  
 Corporation       Other \_\_\_\_\_  
 NUMBER OF YEARS IN BUSINESS \_\_\_\_\_  
 Email: \_\_\_\_\_

Would you prefer your invoices & statements emailed or faxed?       Email     Faxed

TYPE OF BUSINESS: \_\_\_\_\_ FED. ID. OR SS# \_\_\_\_\_

PRINCIPALS

PRESIDENT/OWNER \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 HOME PHONE\_(\_\_\_\_) \_\_\_\_\_ S.S. NO. \_\_\_\_\_  
 DRIVER'S LICENSE # \_\_\_\_\_  
Copy of Driver's License is required  
 CREDIT CARD # \_\_\_\_\_  
 EXP. DATE \_\_\_\_\_

VICE PRESIDENT/OWNER \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 HOME PHONE\_(\_\_\_\_) \_\_\_\_\_ S.S. NO. \_\_\_\_\_  
 DRIVER'S LICENSE # \_\_\_\_\_  
 CORP. CREDIT CARD # \_\_\_\_\_  
 EXP. DATE \_\_\_\_\_

I/We authorize you to verify the above information and/or obtain additional information by securing data from a credit reporting agency, now or in the future. I authorize General Plumbing Supply, Inc. to keep my signature on file and to charge the designated credit card for all past due charges.

I/We certify that the above information is true and correct and I/We agree to pay this account in accordance with your credit terms, I/We agree that if the account becomes past due a 2% monthly service charge will be added to the open balance. I/We further agree to pay an amount equal to 30% of the unpaid balance as a collection fee in the event of default, if the account is placed with an attorney or a bonded collection agency.

Signed X \_\_\_\_\_ Date \_\_\_\_\_  
**OFFICER/OWNER**

Print Name \_\_\_\_\_

Signed X \_\_\_\_\_ Date \_\_\_\_\_  
**WITNESS**

Print Name \_\_\_\_\_

Signed X \_\_\_\_\_ Date \_\_\_\_\_  
**OFFICER/OWNER**

Print Name \_\_\_\_\_

Signed X \_\_\_\_\_ Date \_\_\_\_\_  
**WITNESS**

Print Name \_\_\_\_\_

NOTE: If a partnership, all partners must sign. If a corporation, an authorized corporate officer must sign.)

The Faxed Copy of this Credit Application will have the same Legal Standing as the Original. Please Mail the Original.

**PERSONAL GUARANTEE**

**IN ORDER TO PROCESS TIMELY, PLEASE FILL OUT COMPLETELY AND SIGN IN ALL PLACES INDICATED.**

For good and valuable consideration, the undersigned (jointly & individually) agree to be personally liable for indebtedness now existing or hereafter incurred of the above listed corporation or entity. The undersigned (jointly & individually) further agree to be personally liable for all indebtedness based on the extension of credit to any other corporation or business entity with which the undersigned is or may be affiliated. If a default in the terms of payment occurs on any account on which the undersigned is or may be liable, and which is placed with an attorney or bonded collection agency, the undersigned (jointly & individually) agree to pay an additional 30% collection charge on the entire unpaid balance.

Signed X \_\_\_\_\_ Date \_\_\_\_\_  
**GUARANTOR**

Print Name \_\_\_\_\_

Signed X \_\_\_\_\_ Date \_\_\_\_\_  
**WITNESS**

Print Name \_\_\_\_\_

Signed X \_\_\_\_\_ Date \_\_\_\_\_  
**GUARANTOR**

Print Name \_\_\_\_\_

Signed X \_\_\_\_\_ Date \_\_\_\_\_  
**WITNESS**

Print Name \_\_\_\_\_



980 NEW DURHAM ROAD  
 EDISON, NJ 08817  
**TEL: 732-248-5650**  
 www.generalplumbingsupply.net  
 Distributors: Plumbing / Heating / HVAC / Industrial

SALESMAN: \_\_\_\_\_

**COMMERCIAL  
 CREDIT APPLICATION  
 AND PERSONAL  
 GUARANTEE**

PLEASE TYPE OR PRINT  
 LEGAL  
 COMPANY NAME \_\_\_\_\_

PLACE OF BUSINESS	<input type="checkbox"/> Own Building	MORTGAGEE OR LANDLORD'S NAME _____	PHONE _____
	<input type="checkbox"/> Rent Building	ADDRESS _____	CITY _____ STATE _____ ZIP _____

BANK REFERENCES	BANK NAME _____	ACCT. NO. _____	PHONE (____) _____
	ADDRESS _____	CONTACT _____	
	CITY _____	STATE _____	ZIP _____

TRADE REFERENCES	NAME _____	NAME _____
	PHONE (____) _____	FAX (____) _____
	NAME _____	NAME _____
	PHONE (____) _____	FAX (____) _____

**This application can be expedited upon receiving current statements from the references provided above.**

**Your application cannot be processed without completing both pages.**