



Crown Supply Co. , Inc.
26 Silver Spring St.
Providence RI, 02904

Phone 1-800-222-0823
Fax (401)-421-472
E-mail sales@crown-supply.com
Web: www.crownonline.com

CREDIT APPLICATION FOR INDIVIDUAL ACCOUNT
TERMS: 2% 10TH NET 30 DAYS

NAME _____

ADDRESS _____

NO. OF YRS AT THIS ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE NUMBER _____ SOCIAL SECURITY NUMBER _____

VISA, MASTERCARD, . ETC. _____ EXPIRATION DATE _____

THE FOLLOWING INFORMATION MUST BE COMPLETED IN FULL, AND WILL BE HELD IN THE STRICTEST CONFIDENCE.

BANK NAME _____ BANK ADDRESS _____

BANK OFFICER OR DEPARTMENT _____ TELEPHONE NUMBER _____

TRADE REFERENCES : (Three Largest)

NAME ADDRESS TELEPHONE#

1. _____

2. _____

3. _____

In making this application, I understand that Crown Supply Co., Inc. will reserve the right to pull a credit file at anytime to determine my business and/or personal credit worthiness, credit capacity, and credit standing. I certify that all information on this form is correct, and I fully understand the credit terms and agree to the proper payment in consideration of extended credit.

The above information is for the purpose of obtaining credit and is warranted to be true. I/We authorize the person or firm to whom this application is made to investigate the references listed pertaining to me/our credit responsibility. I agree to the above terms of sale of your company.

What is the high line of credit you desire? _____

Person(s) allowed to charge on the account: _____

APPLICATION SIGNATURE ATTESTS FINANCIAL RESPONSIBILITY, ABILITY, AND WILLINGNESS TO PAY OUR INVOICES IN ACCORDANCE WITH THE TERMS STATED ABOVE.

SIGNATURE: _____ DATE: _____

PRINT NAME IN FULL _____

***** GUARANTY *****

**TO: Crown Supply Company Inc.
26 Silver Spring Street
Providence, RI 02904**

RE: _____ Customer Name

In consideration of the extension of credit by Crown Supply Co. and to induce Crown Supply Co. to extend such credit to the above named customer, the undersigned (jointly and severally, if more than one) unconditionally guaranty to you the prompt payment of all amounts and balances of the above customers now due and owing to you, or that may become due, and without deduction for any claims of setoff or counterclaims of customer, together with all expenses of collection and reasonable counsel fees incurred by you by reason of the default of the customer.

The undersigned waives notice of acceptance hereof, and notice of orders, sales, and deliveries to the customer, and of the amounts and terms hereof, and of all defaults with the customer, and of the settlement or adjustment of such defaults and disputes. The undersigned, without affecting his liability hereunder in any respect, consents and waives notice of all changes of terms, with withdrawal or extension of credit to time of pay, he release of the whole or any part of the indebtedness, the settlement or compromise of differences, the acceptances, or any other form of obligation for the customer's indebtedness, and the demand, protest, and notice of protest of such instruments or their endorsements.

Upon any default of the customer of any obligations, such obligations shall become immediately due, and you may proceed against the undersigned, or any one of them.

This guaranty shall be binding upon the undersigned, his legal representation and assigns, and shall insure to your benefit of our successor and assigns and shall be governed by the laws in Massachusetts and Rhode Island.

Executed as a sealed instrument this _____ day of _____, 20_____.

Signature: _____ **Date:** _____

Print Full Name: _____

NOTE: *This application and guaranty must be signed in order to be considered.*

THIS SECTION FOR STORE USE ONLY:

CUSTOMER TYPE _____ "P" TYPE _____ CREDIT LIMIT: _____

AUTHORIZED BY: _____ DATE: _____