



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 CORPORATE ACCOUNT
TERMS: 2% 10TH NET 30 DAYS

NAME OF COMPANY _____

ADDRESS _____

CITY, STATE, ZIP CODE _____ YRS. AT ADDRESS _____

YEAR INCORPORATED _____ STATE _____

TELEPHONE NUMBER _____ FAX NUMBER _____

PRINCIPLE(S) AND TITLE:

1. _____ S.S.# _____

2. _____ S.S.# _____

THE FOLLOWING INFORMATION MUST BE COMPLETED IN FULL, AND WILL BE HELD IN THE STRICTEST CONFIDENTS:

BANK _____ BANK ADDRESS _____

BANK OFFICER OR DEPT. _____ TELEPHONE NO. _____ CHECKING ACCOUNT # _____

TRADE REFERENCES:

	NAME	ADDRESS	TELE.#
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

In making this application, I understand that Crown Supply Co., Inc. will reserve the right to pull a credit file at any time to determine my business and personal 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 my/our credit responsibility. I agree to the above terms of sale to your company.

Credit Limit: What is the high line of credit desired? \$ _____

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

Signature: _____ Title: _____

Print Full Name _____ Date: _____

Signature: _____ Title: _____

Print Full Name _____ Date: _____

*** 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: _____