



# The John Boyle Company

FINEST IN PAINTS, SPRAY EQUIPMENT, WALLCOVERINGS, WINDOW TREATMENTS AND FLOORING SINCE 1878

## COMMERCIAL CREDIT APPLICATION      DATE: \_\_\_\_\_

### TO OUR APPLICANT:

We request that you complete the application fully and sign in the proper place. You may fax the application to us but it is very important that you return the original form to the above address.

### (APPLICANT INFORMATION)

Firms Full Legal Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Physical Street Address \_\_\_\_\_ Cell No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Fax. No. \_\_\_\_\_

P O Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_ Federal ID# \_\_\_\_\_

Person Responsible for Payment \_\_\_\_\_ Phone # \_\_\_\_\_

Date Business Started \_\_\_\_\_ If Incorporated, in what State \_\_\_\_\_ Est. Monthly Purchases \_\_\_\_\_

Tax Exempt?  Yes  No If yes, certificate must be attached to application to qualify. No. of Employees \_\_\_\_\_

Type of Business: Corporation \_\_\_\_\_, Partnership \_\_\_\_\_, Proprietorship \_\_\_\_\_, LLC \_\_\_\_\_, Limited Partnership \_\_\_\_\_

Business Category: (Example: Painter, Builder, Cabinet Shop, Etc.) \_\_\_\_\_

Place of Business: Do you \_\_\_\_\_ Lease \_\_\_\_\_ Rent \_\_\_\_\_ Own \_\_\_\_\_ Do you work from \_\_\_\_\_ Shop \_\_\_\_\_ Home \_\_\_\_\_

Require any of the following (Please select)      Purchase Order # on Invoice      Job Site / Address  
Priceless Receipts for Employees      Weekly Invoices Sent  
Authorized Purchasers (Provide List) \_\_\_\_\_

Sign me up for electronic statements  Email Address \_\_\_\_\_

TRADE REFERENCES: (If more space is needed, please provide separate sheet)

Name	Account #	Phone No.	Fax No.

### PRINCIPAL OWNER OR ALL PARTNERS

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Phone No. \_\_\_\_\_ Email: \_\_\_\_\_

Street Address \_\_\_\_\_ Cell No. \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Phone No. \_\_\_\_\_ Email: \_\_\_\_\_

Street Address \_\_\_\_\_ Cell No. \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Affirmative Action/Equal Opportunity Employer

152 So. Main St. • New Britain • CT 06051 • Tel. (860) 224-2436 • Fax (860) 223-2440 • 550 No. Main St. • Southington • CT 06489 • Tel. (860) 621-0167 • Fax (860) 621-0160

1230 Farmington Ave. • West Hartford CT 06107 • Tel. (860) 233-4455 • 550 Cottage Grove Rd. • Bloomfield, CT 06002 • Tel. (860) 243-9521

176 Newington Rd • Elmwood Commons • West Hartford CT 06110 • Tel. (860) 236-0001 • Fax (860) 236-0016

## Credit Terms

The information as set forth above is furnished for the purpose of requesting The John Boyle Company (hereinafter called the Company) to grant and extend me/us credit for the purchase of merchandise on your open account terms. The undersigned acknowledge that this account is for commercial purposes and not for personal, household, or family purposes.

The undersigned agree, jointly and severally, to pay any and all sums that may become payable under this account for merchandise sold to the applicant or to any person with apparent authority to utilize this account, unless notified to the contrary in writing by the applicant according to the credit terms of this Company: **Payment terms are Net 30th end of following month from date of purchase.** All past due balances are subject to interest of 1 1/2% per month (18% annual percentage rate). The undersigned agree(s), to pay collection fees and/or attorney's fees of 33 1/3% of the outstanding balance of this account, plus all costs of collection, to include court cost and all expenses (except where prohibited by law) in the event collection becomes necessary. The undersigned further agree(s) that any controversy or claim arising out of or relating to these credit terms or breach thereof shall be brought in the appropriate court.

The applicant, guarantors and others from time to time obligated under this account hereby jointly and severally waive and renounce the benefit of homestead and all other exemptions rights as against this indebtedness or any renewal or extension hereof; and further waive demand, protest, notice of protest, presentment for payment, notice of dishonor and all defenses on the ground of extension of time for payment hereof (except where prohibited by law).

This credit application shall remain in full force and effect until the Company shall have received written notice of : instructions to create no further transactions under the terms and conditions of this credit application, a change in business ownership, or changes of any type. A certified mail receipt for such notification shall be conclusive evidence of the said receipt of such notice. Facsimile copy of this credit application will have the same force and full effect of the original document.

\*Note\* - The undersigned individual(s) who is/are either a principal, partner, or guarantor of the credit applicant (s), a sole proprietor of the credit applicant, is the sole member of a limited liability company who is the credit applicant, or is an officer or director of the credit applicant (s), recognizes that his or her individual credit history may be a factor in the evaluation of the application for credit by the credit applicant for credit with The John Boyle Company and hereby consents to and authorizes The John Boyle Company or its representative, obtaining and using a Consumer Credit Report on the undersigned from time-to-time as may be needed in the credit evaluation process.

By: _____	By: _____
Name Printed: _____	Name Printed: _____
Title or Capacity: _____	Title or Capacity: _____
Date: _____	Date: _____

### PERSONAL GUARANTEE

In consideration of the Company extending a line of credit to the Applicant, I/we agree jointly and severally, to **personally guarantee** prompt payment, upon demand by the Company, of any and all debts owed to the Company by the Applicant named in this credit application. I/we fully understand and agree to be legally bound by all Credit Terms shown above in this credit application.

Print Name _____	Print Name _____
Signature _____	Signature _____
Social Security No. _____	Social Security No. _____
Date _____	Date _____

### **CREDIT DEPT USE ONLY!!**

Account No. _____	Customer Class Code _____
Price Code: _____	Outside Sales Rep Assigned _____
Store Manager Authorization _____	Store # _____
Credit Limit _____	Approved By _____ Date _____

**CONSENT TO PERFORM CREDIT, BACKGROUND AND REFERENCE CHECKS**

I, \_\_\_\_\_, (credit applicant), authorize and permit The John Boyle Company to perform background checks and obtain information about me from credit reporting sources, personal and professional references, and law enforcement agencies.

I also authorize and give permission for all parties listed to disclose any information requested about me to The John Boyle Company.

I further authorize and permit The John Boyle Company to obtain updated information annually and on future occasions for collection purposes should that be deemed necessary.

Thanks to all parties for your cooperation with this matter.

Applicant (signature) \_\_\_\_\_

Date \_\_\_\_\_