



Dealer Credit Application

Internal Use Only

Customer # _____ Credit Limit _____

Company Information

Years in business _____ Do you have a Retail Store? _____ Years at this location _____

Company Name _____ Billing Contact _____

Billing Address _____

City _____ State _____ Zip Code _____

Phone No. _____ Fax No. _____

Email address _____ Website _____

FEIN: _____ Do you sell on Amazon eBay Other: _____

Ownership: Proprietorship Partnership LLC Corp State of Corp: _____

Shipping Address _____

City _____ State _____ Zip Code _____

Phone No. _____ Email address _____

Contact person (if ship to is different from billing address) _____

Principals/Officers

Name _____ Title _____

Address _____

City _____ State _____ Zip Code _____

Phone No. _____ Email address _____

Name _____ Title _____

Address _____

City _____ State _____ Zip Code _____

Phone No. _____ Email address _____

Name _____ Title _____

Address _____

City _____ State _____ Zip Code _____

Phone No. _____ Email address _____

Authorized Purchasing Personnel

Name _____ Title _____

Address _____

City _____ State _____ Zip Code _____

Phone No. _____ Email address _____

Name _____ Title _____

Address _____

City _____ State _____ Zip Code _____

Phone No. _____ Email address _____

Name _____ Title _____

Address _____

City _____ State _____ Zip Code _____

Phone No. _____ Email address _____

Financial Information

Bank Name _____

Bank Address _____

City _____ State _____ Zip Code _____

Phone No. _____ Email address _____

Bank Account No. _____ Bank Representative _____

Trade References

Vendor _____ Contact _____

Address _____ Account # _____

City _____ State _____ Zip Code _____

Phone No. _____ Email address _____

Vendor _____ Contact _____

Address _____ Account # _____

City _____ State _____ Zip Code _____

Phone No. _____ Email address _____

Vendor _____ Contact _____

Address _____ Account # _____

City _____ State _____ Zip Code _____

Phone No. _____ Email address _____

Terms & Conditions (Terms are Net 30 Days upon credit approval)

Terms of sale, including terms of payment and charges, for each purchase are agreed to be those specified on the face of each invoice. The customer hereby agrees to pay all costs of collection or legal fees should such action be necessary due to non-payment. The above information is willingly supplied and the creditor is authorized to contact the above bank and trade references in order to establish the creditworthiness of the above named company. Should the creditor grant credit availability, all decisions with respect to the extension or continuation shall be in the sole discretion of the creditor. The creditor may terminate any credit availability within its sole discretion.

I have read and understand the above terms and conditions, and hereby agree to them.

Applicant's Name _____ Title _____

Applicant's Signature _____ Date _____

Personal Guarantee

The undersigned, for consideration do hereby individually and personally guarantee the full and prompt payment of all indebtedness heretofore or hereafter incurred by the above business. This guarantee shall not be affected by the amount of credit extended or any change in the form of said indebtedness. Notice of the acceptance of this guarantee, extension of credit, modification in terms of payment, and any right or demand to proceed against the principal debtor is hereby waived. This guarantee may only be revoked by written notice, which shall be sent to the creditor's credit office by certified mail. Any revocation does not revoke the obligation of the guarantors to provide payment for indebtedness incurred prior to the revocation. I authorize the seller and their assigns to obtain a consumer credit report and to contact my references as necessary.

Guarantor's Name _____ Title _____

Guarantor's Signature _____ Date _____

City _____ State _____ Zip Code _____

Tax ID or Soc. Security No. _____ Phone No. _____

Guarantor's Name _____ Title _____

Guarantor's Signature _____ Date _____

City _____ State _____ Zip Code _____

Tax ID or Soc. Security No. _____ Phone No. _____

Fax to: 610-495-7023 or email to: AccountsReivable@longstreth.com

