



Office & Warehouse

3445 Winton Place
Rochester, NY 14623

P.O. Box 23868
Rochester, NY 14692

P| 585-272-0110
F| 585-272-0547

Credit Application

Holley

14 Geddes Street
Holley, NY 14470
P| 585-638-6344
F| 585-638-6164

Buffalo

2240 Harlem Road
Cheektowaga, NY 14225
P| 716-895-2800
F| 585-895-2855

Syracuse

601 Erie Blvd. West
Syracuse, NY 13204
P| 315-425-6200
F| 315-478-3308

Auburn

8" & 9d f 3hWgW
Auburn, NY 13021
P| 315-252-7204
F| 315-253-3073

New Hartford

4676 Commercial Drive
New Hartford, NY 13413
P| 315-768-7878
F| 315-768-4774

Erie

4818 Peach Street
Erie, PA 16509
P| 814-864-4896
F| 814-864-5639

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P| 518-563-4916
F| 518-563-4546

Clifton Park

823 Main Street
Clifton Park, NY 12065
P| 518-877-4777
F| 518-877-4077

Company: _____ Date: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____ e-mail: _____
Tax Exempt for New York (Check One) [] YES [] NO (If exempt attach certificate)
Type of Business : _____
Date Business Began: _____ Operates as (Check One) [] Corp [] Individual [] Partnership

Names of Owners, Partners, or Officers

1. Name: _____ Title: _____
Home Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Social Security Number: _____
Driver's License Number: _____
2. Name: _____ Title: _____
Home Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Social Security Number: _____
Driver's License Number: _____

Names of Contacts

Buyer _____ Accounts Payable _____
P.O. numbers on invoices? [] YES [] NO Prices shown on delivery/pickup ticket? [] YES [] NO
Special Instructions: _____
Has above ever filed for bankruptcy? [] YES [] NO
If Yes, specify name of company and year: _____

Trade References

(Give three or more if new business, give names and addresses of former employers and personal credit references [No banks please])

1. Name: _____ Phone: _____
Home Address: _____
City: _____ State: _____ Zip: _____
2. Name: _____ Phone: _____
Home Address: _____
City: _____ State: _____ Zip: _____
3. Name: _____ Phone: _____
Home Address: _____
City: _____ State: _____ Zip: _____
4. Name: _____ Phone: _____
Home Address: _____
City: _____ State: _____ Zip: _____
Number of employees: _____ How much credit is requested? _____
Name of Bank: _____ Account # _____ Branch: _____
Value of Trucks/equipment \$ _____ Mortgage \$ _____ Net Sales last year \$ _____

For Internal Use Only
BR
SLSM
TYPE

I personally agree to pay the full amount of my bill on or before the tenth of each month following purchase. In the event that it becomes necessary to place any amount due hereafter in the hands of my attorney for collection I agree to pay 25% of such amount as attorney's fees together with the costs and expenses of collections.

Signed: _____

I am aware and agree to the fact that my personal file will be accessed by a credit reporting agency to determine eligibility for credit. Our terms are NET 30 days, unless other arrangements are made. There will be a 2% service charge assessed to any balance over 30 days past due. Any balance that falls into 60 days will result in the account being shut down until paid current.