

**** All 3 pages must be completed for application to be processed ****

The Wallace Organization

WALLACE SUPPLY COMPANY
108 SOUTHWEST BLVD.
P.O. BOX 829
VINELAND, NJ 08362-0829
856-692-4800
FAX 856-692-8674

BRIDGETON P&H SUPPLY CO.
756 N. PEARL STREET
P.O. BOX 397
BRIDGETON, NJ 08302-0397
856-451-3131
FAX 856-451-2461

BPS EXPRESS
633 HAVEN AVE.

OCEAN CITY, NJ 08226
609-938-1398
FAX 609-938-1212

Please return to the location checked above

CREDIT APPLICATION

NAME _____ DATE _____

T/A Business Name _____

STREET ADDRESS _____ PHONE# Landline: _____
Cell: _____

MAILING ADDRESS _____ FAX# _____

CITY/STATE/ZIP _____ EMAIL _____

FID # / SOC.SEC # _____ TAX EXEMPT# _____

(please attach exception certificate)

CORPORATION LLC STATE OF INC. PARTNERSHIP INDIVIDUAL

License # _____ Plumbing _____ HVAC _____ HIC _____

CREDIT LIMIT REQUESTED \$ _____ CELL PHONE _____

PRIMARY BUSINESS ENGAGED IN: _____

PRINCIPALS & OFFICERS

NAME _____ PHONE# _____

ADDRESS _____ SOC. SEC # _____

NAME _____ PHONE# _____

ADDRESS _____ SOC. SEC # _____

FINANCIAL INFORMATION

NAME OF BANK _____ ADDRESS _____

OFFICER DEALT WITH _____ ACCOUNT # _____

BANK PHONE # _____

TRADE REFERENCES

NAME ADDRESS PHONE # ANNUAL VOLUME

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TERMS AND CONDITIONS

General Terms: In consideration of THE WALLACE ORGANIZATION extending credit to Applicant. Applicant agrees to pay for all items delivered or services rendered to, or at request of, Applicant, in accordance with the terms of each invoice and this application. Applicant agrees that each of the terms and conditions of sale stated on the invoices and this application shall be a term of the contract for each sale from THE WALLACE ORGANIZATION to Applicant. Applicant acknowledges that a monthly service charge of 1.5% per month (18% per annum), shall apply to all sums due THE WALLACE ORGANIZATION, which are not paid by the terms and conditions of sale as stated on each invoice and this application. Applicants agree to promptly pay all service charges. An additional service charge, computed on the same basis, will be due and payable every thirty (30) days thereafter. Partial Payments on accounts will be applied to the oldest invoices until paid in full. Should it become necessary to place this account with a collection agency or attorney for collection, Applicant agree to pay all collections costs, attorney's fees and court costs in addition to all other sums due. Applicant authorizes THE WALLACE ORGANIZATION to obtain credit and financial information concerning the Applicant at any time and from any source. BY providing mailing address, email, telephone numbers, and fax numbers, Applicants consent to receive communication sent by or on behalf of THE WALLACE ORGANIZATION . Applicants warrant that all information provided is true and correct and acknowledges that the extension of credit by THE WALLACE ORGANIZATION is based on his information being accurate and true. Applicants further agrees to keep this Credit Application updated and notify THE WALLACE ORGANIZATION in writing of any changes, including but not limited to name changes, ownership changes, mergers or acquisitions, address and phone changes. Applicant shall submit a new or amended Credit Application when requested by THE WALLACE ORGANIZATION. The extension of credit hereunder, the amount of credit and the cancellation or reduction of credit shall be within the sole discretion of THE WALLACE ORGANIZATION. The undersigned warrants that the above agreement has been carefully read and that the application understands completely. **A PERSONAL GUARANTEE is required in order to provide material to applicant.**

OWNERS (IF APPLICANT IS A SOLE PROPRIETORSHIP OR PARTNERSHIP)

OFFICERS (IF A CORPORATION)

MEMBERS (IF LLC)

Social Security No.	Name	Home Address	Home Phone No.
Social Security No.	Name	Home Address	Home Phone No.
Social Security No.	Name	Home Address	Home Phone No.

By signing here, the undersigned warrants the above Application for Credit has been carefully read and the Applicant understands the same.

Authorized Representative (Signature)

Printed Name & Title

Date

PERSONAL GUARANTEE

As consideration for THE WALLACE ORGANIZATION (Seller) extending credit to the Applicant, the Guarantor(s), jointly and severally hereby personally guarantee the payment of any obligation of the Applicant to the Seller. Therefore, each Guarantor hereby agrees to pay the Seller on demand, without offset, any sum due to the Seller by the Applicant. Guarantor further agrees to pay all costs of collection including reasonable attorney's fees. This Guarantee shall be a continuing and irrevocable guarantee and indemnity for indebtedness of the Applicant. Guarantor may revoke this Personal Guarantee only by providing THE WALLACE ORGANIZATION written notice via certified mail of its intent to revoke. Revocation shall not relieve Guarantor of obligations incurred prior to receipt of such notice subject to the limit set forth above.

By signing here, the undersigned warrants the above Application for Credit has been carefully read and the Applicant understands the same.

Guarantor 1 (Signature)

Printed Name

Social Security No.

Date of Birth

Drivers License #

Date

Guarantor 2 (Signature)

Printed Name

Social Security No.

Date of Birth

Drivers License #

Date

DO NOT WRITE BELOW THIS LINE – FOR INTERNAL USE ONLY

CREDIT APPROVED: YES _____ NO _____ CREDIT LIMIT \$ _____ SALESMAN # _____

CUSTOMER TYPE _____ PO # REQUIRED: YES _____ NO _____ PRICE COLUMN _____ ACCT# _____

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THE WALLACE ORGANIZATION

Wallace Supply Company

S. West Boulevard & Elmer St.

Vineland, NJ 08360

Phone: 856-692-4800

Fax: 856-692-8674

Bridgeton Plumbing Supply

756 N. Pearl Street

Bridgeton, NJ 08302

Phone: 856-451-3131

Fax: 856-451-2833

BPS Express
633 Haven Ave
Ocean City, NJ 08226
Phone: 609-638-1398
Fax: 609-938-1212

BANK REFERENCE

Bank Name: _____
Bank Contact: _____
Address: _____
Phone: _____
Fax/Email: _____

Customer Name: _____
Customer Contact: _____
Acct No(s): _____
Date: _____

Signature: _____

Dear Madam/Sir:

We would appreciate the benefit of your experience with the customer listed above. The information is requested for use in either the extension of credit terms or for purpose of accepting business checks from the customer listed above.

The information will be held in strict confidence and we would be glad to reciprocate at any time.

CHECKING: () HIGH () MEDIUM () LOW \$ _____ FIGURE AVERAGE BALANCE
SINCE _____ () SATISFACTORY () UNSATISFACTORY

SAVINGS: () HIGH () MEDIUM () LOW \$ _____ FIGURE AVERAGE BALANCE
SINCE _____ () SATISFACTORY () UNSATISFACTORY

CREDIT EXPERIENCE

INSTALLMENT LOAN

DATE OPENED _____
ISSUE AMOUNT _____
TERMS _____
BALANCE _____

COMMERCIAL LOAN

DATE OPENED _____
ISSUE AMOUNT _____
TERMS _____
BALANCE _____

COMMERCIAL LINE OF CREDIT

APPROVED _____
HIGH CREDIT _____

COMMITMENT AMT _____
SECURITY _____

NSF CHECK EXPERIENCE: (Include # of NFS's in past 12 months) _____
FURNISHED BY: _____ DATE: _____

Thank you,

Please fax response to: 856-451-2833