

# N&N SUPPLY COMPANY, INC.

WHOLESALE PLUMBING, HEATING & AIR CONDITIONING SUPPLIES

5909-17 DITMAN STREET PHILADELPHIA, PA 19135

PHONE: 215-535-7068

FAX: 215-535-7363

WWW.NNSUPPLY.NET

CREDIT APPLICATION

DATE:

## Business Name (Owner) / Address

Last:	First:	Middle Initial:	Title:
Name of Business:			SS or Federal I.D. Number
Address:			
City:	State:	ZIP:	Primary Phone:
Fax Number:	Mobile Phone:	Email Address:	

## Company Information

Type of Business:			
Years Established:	No. of Employees	Estimated Monthly Purchases	
Legal Operation of Business: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation			
Tax Resale # (Please Submit PA exemption form with application)			
Accounts Payable Contact:	Phone:	Fax:	Email:
Purchasing Contact:	Phone:	Fax:	Email:
Please Email Invoices and Statements <input type="checkbox"/> YES <input type="checkbox"/> NO		Email Address:	
Please Fax Invoices and Statements <input type="checkbox"/> YES <input type="checkbox"/> NO		Fax Number:	

## Owners (If Applicant is a Sole Proprietorship or Partnership) or Officers (if Corporation)

Name:	Title:	SS#
Home Address:		
Name:	Title:	SS#
Home Address:		

**Bank References**

Institution Name:	Institution Name:
Checking Account:	Savings Account:
Address:	Address:
Phone:	Phone:

**Trade References (MINIMUM OF 3 REQUIRED TO PROCESS CREDIT APP)**

Company Name:	Company Name:	Company Name:	Company Name:
Contact:	Contact:	Contact:	Contact:
Address:	Address:	Address:	Address:
Phone:	Phone:	Phone:	Phone:
FAX:	FAX:	FAX:	FAX:
Email:	Email:	Email:	Email:
Opened Since:	Opened Since:	Opened Since:	Opened Since:

**TERMS:** In consideration of OUR COMPANY extending credit to the applicant, the applicant agrees to pay for all items delivered or services rendered, or at the request of the applicant, in accordance with the terms of each invoice. Applicant agrees that each of the terms and conditions of sale stated on the invoices shall be a term of the contract of each sale from OUR COMPANY to the applicant. Applicant acknowledges that a monthly service charge of the highest amount legally allowed in the state shall be made on all sums due OUR COMPANY which have not been paid by the 30th day of the month following billing, and applicant agrees to promptly pay said service charge. An additional service charge, computed on the same basis, will be due and payable every thirty (30) days thereafter. Waiver of any one or more service charges shall not be deemed to be a waiver of future service charges. Applicant and OUR COMPANY are parties to a written commercial contract, should it become necessary to place the account with a collection agency or attorney, the applicant agrees to pay all collection costs and attorney as in addition to all other sums due. Applicant authorizes OUR COMPANY to obtain credit and financial information concerning the applicant in any, and from any source. The undersigned warrants that the above agreement has been carefully read and the applicant understands completely.

\_\_\_\_\_  
**Print Name of Applicant**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

**If a Corporation, please complete the following:**

I, We, \_\_\_\_\_

For and in consideration of your extending credit at my/our request to \_\_\_\_\_

(Guarantor(s) Company Name)

Hereby personally guarantee to you the payment of any obligation of the above company, and I/we hereby agree to bind myself/ourselves to pay you on demand any sum which may become due to you by the company whenever the company shall fall to pay the same. It is understood that this guarantee shall be a continuing and irrevocable guaranty and indemnity of such indebtedness of the company. I/We do hereby waive notice of default, non-payment and notice thereof and consent to any modification or renewal of the credit agreement hereby guaranteed. If the credit is granted, it is understood to be under the conditions set forth in the above statement of terms.

**\*\*This Page must be printed and filled out\*\***

Guarantor: (Print Name)	Guarantor: (Print Name)
Signature: X	Signature: X
Home Address:	Home Address:
SS#:	SS#:
Date:	Date:
Phone #:	Phone#:

**Above Signatures to be notarized**

State of \_\_\_\_\_, County of \_\_\_\_\_

I certify that on \_\_\_\_\_, 19\_\_\_\_\_,

\_\_\_\_\_ personally came before me and acknowledged under oath, to my satisfaction, that this person (or if more than one, each person):

- (a) is named in and personally signed this document; and
- (b) Signed, sealed and delivered this document as his or her act and deed.

**NOTARY SEAL**

\_\_\_\_\_  
 (Notary Public)  
 Notary Stamp with Expiration Date