



**Credit Application - Please fill out and return to Stacey DeCook via fax, mail, or e-mail. Thanks!**

**Return to: Allchin Brothers**

**Telephone: (585) 924-7144**

**(800) 724-0947**

**Fax: (585) 924-1530**

**E-mail: Stacey@AllchinBrothers.com**

**P.O. Box 27**

**61 School Street**

**Victor, NY 14564**

**Attn: Stacey DeCook**

Legal Name of Applicant: \_\_\_\_\_

Trade Name (D/B/A/): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Shipping Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Business is a subsidiary of/ a division of/ owned by: \_\_\_\_\_

Form of business: Corporation  LLC  Partnership  LLP

Sole Proprietorship  Other (please specify) \_\_\_\_\_

Applicant's State of Incorporation (if a corporation) or registration (if a LLC, partnership or LLP): \_\_\_\_\_

Date business established in current form: \_\_\_\_\_ Years at present location: \_\_\_\_\_

FEIN: \_\_\_\_\_ SIC Code: \_\_\_\_\_

DUNS Number: \_\_\_\_\_

Anticipated monthly purchases from Allchin Brothers: \_\_\_\_\_

**Will purchases be exempt from sales tax?**

Yes \_\_\_\_\_ (Sales Tax Exemption Certificate(s) must be attached) No \_\_\_\_\_

Name of corporate officers, partners or owner(s):

	<u>Name</u>	<u>Position</u>	<u>Home address/City/state/Zip</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Trade References: Please list Applicants three largest suppliers.

	<u>Name</u>	<u>Address</u>	<u>Contact/Title</u>	<u>Telephone Number</u>	<u>Fax Number</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

Banking Information:

	<u>Name</u>	<u>Address</u>	<u>Telephone Number</u>	<u>Fax Number</u>
1.	_____	_____	_____	_____
	Bank Officer: _____	Account #: _____		
2.	_____	_____	_____	_____
	Bank Officer: _____	Account #: _____		
3.	_____	_____	_____	_____
	Bank Officer: _____	Account #: _____		

Who is responsible for paying your bills? Name/Title \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_

If purchases are to be made only by authorized persons, please attach a list of these people with this application or indicate how we are to identify use of the account. \_\_\_\_\_

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Applicant is submitting this application for the purpose of requesting the extension of credit for Applicant's commercial business purposes and hereby certifies that all information provided herein is true, correct and complete. The undersigned hereby confirms that he/she is authorized to sign this application on behalf of Applicant. Applicant hereby authorized Allchin Brothers to verify the information and reference submitted and authorizes Allchin Brothers to investigate Applicant's credit history and financial responsibility. Applicant authorizes the release of all information necessary to allow Allchin Brothers to verify the information contained in this application and conduct its investigation, and expressly authorizes Allchin Brothers to contact third parties concerning the creditworthiness of Applicant without the need for further action by Applicant. Applicant agrees to furnish to Allchin Brothers updated financial statements (including Balance Sheet and Income Statement) annually and more often, upon request, and to notify Allchin Brothers in writing of any developments which may adversely affect Applicant's financial condition promptly after the occurrence thereof. Allchin Brothers reserves the right adjust or terminate the amount of credit available to applicant at any time at its sole discretion and Applicant acknowledges that Allchin Brothers is not required to extend any amount of credit to Applicant and do nothing herein shall be deemed or construed to require Allchin Brothers to extend credit to Applicant. A finance charge of 1.50%, which is an annual rate of 18% will be charged on past due accounts. The Applicant also agrees to pay a reasonable attorney's fee and all collection cost if the above terms are not complied with. Reservation of Title Clauses which limit the transfer of title of goods until the debt is paid. Interest accrual on overdue balances outside normal trade terms. Our Terms are Net 30 from the date of the invoice.

I have read this application and agree to the terms, conditions and disclosures.

Applicant:

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Signature	Title	Date
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Personal Guaranty

For and in consideration of Allchin Brothers extending credit at my request to the above listed company, I/we do hereby personally guarantee to Allchin Brothers the payment of any obligation of the company whenever the company shall fail to pay same. It is understood that this guaranty shall be a continuing and irrevocable guaranty and indemnity for 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.

Date \_\_\_\_\_

Signature (s): \_\_\_\_\_  
\_\_\_\_\_