

Plumbing  Electrical  Heating  Air Conditioning  Water Systems  Pipes  Valves  Fittings  Etc.

**GENERAL PLUMBING SUPPLY COMPANY, INC.** APPLICATION FOR CREDIT

CREDIT LIMIT DESIRED \_\_\_\_\_ TAXABLE  RESALE  CONTRACTORS LICENSE NO. \_\_\_\_\_

RESALE NO. \_\_\_\_\_ CLASS \_\_\_\_\_

SOCIAL SECURITY NO. \_\_\_\_\_ FEDERAL ID # \_\_\_\_\_

FIRM NAME \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_

NAME OF PARENT COMPANY IF SUBSIDIARY \_\_\_\_\_ FAX NO. \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ COUNTY \_\_\_\_\_

STREET ADDRESS (IF DIFFERENT THAN ABOVE) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ COUNTY \_\_\_\_\_

CORPORATION YEAR INCORPORATED \_\_\_\_\_ LIST CORPORATE OFFICES:

NAME \_\_\_\_\_ TITLE \_\_\_\_\_

NAME \_\_\_\_\_ TITLE \_\_\_\_\_

NAME \_\_\_\_\_ TITLE \_\_\_\_\_

NAME \_\_\_\_\_ TITLE \_\_\_\_\_

PARTNERSHIP YEAR PARTNERSHIP ESTABLISHED \_\_\_\_\_ LIST PARTNERS:

NAME \_\_\_\_\_ TELEPHONE \_\_\_\_\_ SS# \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

NAME \_\_\_\_\_ TELEPHONE \_\_\_\_\_ SS# \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

NAME \_\_\_\_\_ TELEPHONE \_\_\_\_\_ SS# \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

OWNER YEAR BUSINESS ESTABLISHED \_\_\_\_\_

NAME \_\_\_\_\_ TELEPHONE \_\_\_\_\_ SS# \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

D&B RATED  YES  NO LISTED  YES  NO CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**BUSINESS CREDIT REFERENCES:**

NAME \_\_\_\_\_ TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

NAME \_\_\_\_\_ TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

NAME \_\_\_\_\_ TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

NAME \_\_\_\_\_ TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

<b>B A N K</b>	<b>BANK NAME</b> _____ <b>TELEPHONE</b> _____
	<b>ADDRESS</b> _____ <b>ACCOUNT NO.</b> _____
	<b>CITY</b> _____ <b>STATE</b> _____ <b>ZIP</b> _____ <input type="checkbox"/> <b>INSTALLMENT</b> <input type="checkbox"/> <b>COMMERCIAL</b> <input type="checkbox"/> <b>OTHER</b> _____

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_  
(FULL NAME OR FIRM NAME)

BY \_\_\_\_\_ HOME ADDRESS \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

All the information I (we) have stated on this application is correct, and I (we) authorize General Plumbing Supply to make any inquiries to my (our) bank or others about my (our) finances, credit, and personal references they feel are necessary and provide information to others as permitted by law. I hereby agree that, if this application is approved and credit is extended, to pay my account in full on or before the 10<sup>th</sup> of the month following purchases. If any invoices are not paid in 60 days of invoice, all discounts will be revoked and prices reverted to list. In the event any legal action is necessary to enforce payment or collect any sums due hereunder the prevailing party shall be entitled to attorneys' fees and all costs and expenses necessarily incurred.

**\*\*\* PERSONAL GUARANTEE \*\*\***  
**Personal Guarantee must be signed**

\* \_\_\_\_\_, personally guarantee all charges made as a result of this Credit Application, including attorneys' fees and costs, should payment not be made in accordance with the terms and conditions of sale.

Name \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Spouse's Name \_\_\_\_\_

Renting  or Buying  Where financed? \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_  
Print name \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Signature - Title \_\_\_\_\_ Date \_\_\_\_\_

**Personal Credit References**

NAME \_\_\_\_\_ TELEPHONE \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

NAME \_\_\_\_\_ TELEPHONE \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**Bank References / Savings BANK NAME** \_\_\_\_\_ **TELEPHONE** \_\_\_\_\_

ADDRESS \_\_\_\_\_ ACCOUNT NO. \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**Bank References / Savings BANK NAME** \_\_\_\_\_ **TELEPHONE** \_\_\_\_\_

ADDRESS \_\_\_\_\_ ACCOUNT NO. \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

\* SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

\*\*SIGNED \_\_\_\_\_ DATE \_\_\_\_\_