

NATIONAL WHOLESALE SUPPLY CREDIT APPLICATION

COMPANY NAME _____ DATE _____

ADDRESS _____ CITY, STATE, ZIP _____

PHONE _____ FAX _____ CELL _____

IF BRANCH, ADDRESS OF HOME OFFICE _____

CORPORATION _____ (If a corporation, I/we agree to notify National Wholesale Supply, via registered mail, 30 days before termination of any personal liability.)

CORPORATE OFFICERS: _____

PROPRIETORSHIP _____ PARTNERSHIP _____ (If a proprietorship or partnership, I/we agree to notify National Wholesale Supply, via registered mail, 30 days in advance of any change or intent to incorporate.)

NAME OF PARTNERS: _____

HOW LONG IN BUSINESS _____ HOME ADDRESS _____

BANK REFERENCE _____ ACCT.# _____ PHONE _____

ADDRESS _____ OFFICER _____

TRADE REFERENCES		
NAME	ADDRESS	PHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____

Will your firm submit a financial statement upon request? _____ Have you ever failed in business? _____ Have you ever filed bankruptcy? _____ It is understood that if credit is extended, this account is to be paid on the due date, which is 10th Prox. Minimum invoice charge is \$25.00. I realize should I/we fail to comply with payment terms or should any check be returned NSF from your bank, this account will automatically be placed on C.O.D. and any credit limitation established will be withdrawn. National Wholesale is authorized to investigate my/our credit, including, but not limited to obtaining reports from any credit reporting firm, or verifying any credit information.

For the consideration of opening this account, it is agreed that I/we will personally guarantee payment of this account, and further promise, if this account is placed in the hands of an attorney for collection, to pay a reasonable charge on the full amount due for attorney's fees, plus court costs. It is further agreed that I/we will pay a service charge of one and one half percent (1-1/2%) per month until this account is current. All bills are due and payable in Dallas County, Texas. It is further agreed that National Wholesale Supply offers no warranty other than the manufacturer's warranty and will not be responsible for labor, consequential damages or back charges which are not covered by the manufacturer's warranty.

Signed Individually By _____ Company _____

Signed Individually By _____ By _____ Title _____

Social Security # (signer) _____ Master Plumber # _____

Drivers License # (signer) _____ Name if other than signer _____

***** PLEASE COMPLETE AND RETURN TO 1972 CALIFORNIA CROSSING, DALLAS, TX 75220 *****
 OR FAX TO THE ACCOUNTING OFFICE 972-331-8118

Internal Use Only

Branch _____ Class _____ Salesperson _____ Managers Initials _____