

CREDIT APPLICATION FORM AND PERSONAL GUARANTY

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*"Your One Stop HVAC Shop"***WHOLESALE DISTRIBUTORS OF HEATING, AIR CONDITIONING AND SHEET METAL SUPPLIES**

Please complete and sign this form and fax it to: **973-884-2290**
 or e-mail it to: **accounting@dascosupply.com**
 If you have any questions or need assistance with filling out this form, please call our
 accounting department at **973-585-6966. Mon-Fri: 7:00AM - 4:30PM**

Company Information

Business name		Type of business	
Street		City	State ZIP
Phone	Fax	Cell	E-mail
Business is a <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Individually Owned Business <input type="checkbox"/> LLC <input type="checkbox"/> Other:			
State of incorporation		Date	

Banking Information

Bank	Acc number	Phone
Street	City	State ZIP

Trade References

Name	Street	City
State ZIP	Fax	Phone
Name	Street	City
State ZIP	Fax	Phone
Name	Street	City
State ZIP	Fax	Phone

Principal Owners or Officers

Name	Street	City
State ZIP	Phone	SSN # Spouse's name
Name	Street	City
State ZIP	Phone	SSN # Spouse's name

Real Estate Owned

1. Home street	City	State	ZIP
Title in name of	Balance owed \$	Mortgage Co	
2. Home street	City	State	ZIP
Title in name of	Balance owed \$	Mortgage Co	
Business	City	State	ZIP
Title in name of	Balance owed \$	Mortgage Co	
Business	City	State	ZIP
Title in name of	Balance owed \$	Mortgage Co	

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Additional Information

Customer contact:

We have been previously employed by:

Is New Jersey Tax to be charged? YES NO **Other states?** YES NO **Specify:** _____

(If answer to the above is NO, valid certificate must be provided.)

Terms and Conditions

The undersigned understands and agrees that any credit extended by DASCO will be subject to the following terms and conditions: There will be a one and one-half percent monthly service charge (18% APR) on any account which is not paid within thirty (30) days. If this account is referred to a collection agency or an attorney for collection, the undersigned will pay all costs of collection including the fees and costs of the collection agency and/or the attorney which pursues the collection. The undersigned understands that the information in this Credit Application, including bank and personal information, is being submitted for the purpose of obtaining credit. The undersigned authorizes DASCO to verify this information, and to obtain a report from a credit reporting agency on the undersigned and on any guarantor who signs this Credit Application. Any Credit Limit established between DASCO and the undersigned is subject to change.

The undersigned acknowledges and agrees that this Credit Application has been delivered to DASCO and accepted by DASCO in the State of New Jersey. Consequently, this Credit Application shall be governed by the laws of the State of New Jersey and the undersigned agrees to submit to the jurisdiction of the Courts of the State of New Jersey in any lawsuit that may be commenced by DASCO against the undersigned.

Date _____

Signature

Name printed

Witness signature

Name printed

Signature

Name printed

Witness signature

Name printed

Personal Guaranty

In consideration of credit which DASCO will extend to _____ ("Customer"), I hereby agree to personally guaranty payment in full of all invoices, charges and credit extended to the Customer, together with service charges, attorneys' fees and all costs of collection. The undersigned authorizes DASCO to obtain a report from a credit reporting agency on the undersigned. This Guaranty has been delivered to DASCO and accepted by DASCO in the State of New Jersey and the undersigned agrees to submit to the jurisdiction of the Courts of the State of New Jersey in any lawsuit that may be commenced by DASCO against the undersigned.

Date signed

Guarantor signature

Name printed

Date signed

Guarantor signature

Name printed

Credit Card Information

In addition to all of the terms set forth in the credit agreement, I hereby authorize **Dunphey & Associates Supply Co, Inc.** to charge all amounts which are charged on my account to the following charge cards. If any portion of my account is not paid within the terms.

Name of charge card	Account number	CVT number	Expiration date

Date

Signature

Billing and Shipping Information

Would you prefer bills sent by: E-mail Fax