

Salesperson _____

Date _____



PO Box 160; Christiana PA 17509
610-593-5195

Business Credit Application - Fax to 610-593-7492

Legal Name Of Corporation _____ Telephone Number _____
Partnership Or Proprietorship _____

Fax Number _____ E-Mail _____ Cell Number _____

Mailing Address _____
Street City State Zip

Physical Address _____
Street City State Zip

How Long At Present Address _____ Months _____ Years

Do You Own Your Own Home? _____ Yes _____ No Do You Rent? _____ Yes _____ No

PLEASE FILL IN ALL INFORMATION REQUESTED!

I / We Request A Credit Limit Of \$ _____ (Monthly Volume)

Type Of Business

Partnership _____ Sole Proprietorship _____ Corporation _____ Date Incorporated _____

How Long In Existence _____ Months _____ Years _____ State Incorporated In _____

Purchases Will Be Tax Exempt _____ Yes _____ No **Note: If Tax Exempt, Attach Form**

NOTE: PLEASE ATTACH A FINANCIAL STATEMENT TO THIS APPLICATION.

| <u>Principals:</u> | Name | Home Address | S.S. Number | Position |
|--------------------|-------|--------------|-------------|----------|
| A) | _____ | _____ | _____ | _____ |
| B) | _____ | _____ | _____ | _____ |
| C) | _____ | _____ | _____ | _____ |

CREDIT REFERENCES:

Bank: Name _____ Telephone Number _____
Street Address _____
City _____ State _____ Zip _____
Account Number - Checking _____ Savings _____
Contact Person _____

1. Supplier: Name _____ Telephone Number _____
 Street and Mailing Address (If Different) _____
 City _____ State _____ Zip _____

2. Supplier: Name _____ Telephone Number _____
 Street and Mailing Address (If Different) _____
 City _____ State _____ Zip _____

3. Supplier: Name _____ Telephone Number _____
 Street and Mailing Address (If Different) _____
 City _____ State _____ Zip _____

4. Supplier: Name _____ Telephone Number _____
 Street and Mailing Address (If Different) _____
 City _____ State _____ Zip _____

How did you hear about us? Newspaper _____ Radio _____ Yellow Pages _____ Internet _____

Friend / Business with Walter & Jackson, Inc. Account Name _____

Names Of Persons Authorized To Charge On This Account (Please Print)

1. _____ 2. _____
 3. _____ 4. _____

Note: Charges will be accepted only from the above listed persons; any change in authorized agents must be submitted in writing.

PERSONAL GUARANTEE FOR BUSINESS ACCOUNTS

We certify that the above information is true and correct and I / We agree to pay this account in accordance with your credit terms. I / We agree to pay for all charges incurred by those authorized to charge on this account and agree that any additions or deletions will be made in writing. I / We authorize you to verify this information and / or obtain additional information by securing data from credit references and reporting agencies.

In consideration for the credit extended to the above-listed business, the undersigned hereby guarantees and agrees to be personally liable for all indebtedness and 18% A.P.R. finance charges incurred by the business through any of its authorized agents listed above. If it becomes necessary to collect by retaining legal counsel, customer agrees to pay all reasonable attorney fees expended on such collection as an element of damages or to reimburse Walter & Jackson, Inc. for same.

Signed And Dated _____
 Principal's Signature

Print Name _____

Signed And Dated _____
 Partner Or Spouse's Signature

Print Name _____