

May be faxed to: 631-759-2744, emailed to: credit@IBPNA.com
or mailed to: PO Box 499, Farmingdale, NY 11735



www.IBPNA.com

CREDIT APPLICATION AND AGREEMENT

A# _____ Date: _____
Company/Account Name : _____ Sales Rep: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____ Email: _____
Type of business: _____ Corporation _____ Partnership _____ Sole Proprietorship _____
Years in business: _____ Are you tax exempt? _____ If yes, please forward tax exempt forms
Are your jobs bonded? _____ If yes, which bonding company do you use? _____
Have you ever filed bankruptcy? _____ Yes _____ No Do you have any liens or judgments against you? _____
How many employees do you have? _____ Accounts Payable bookkeeper's name: _____
Purchasing agent's name: _____ Cell phone: _____ Beeper: _____
Our jobs are: _____ Commercial _____ Residential _____ Government/City Open Credit Line Requested _____

PRINCIPAL'S / OWNER'S INFORMATION

A copy of a valid driver's license *must* accompany all applications for credit

Name _____ Name: _____
Address: _____ Address: _____
City, State, Zip: _____ City, State, Zip: _____
Home Phone: _____ Home Phone: _____
Social Security # _____ Social Security # _____
Date of Birth: _____ Spouse's Name: _____ Date of Birth: _____ Spouse's Name: _____
Do you own or rent your home _____ Do you own or rent your home _____
Signature of person completing on behalf of applicant _____

CREDIT TERMS AND CONTINUING PERSONAL GUARANTEE OF PAYMENT

For the purpose of inducing the extension of credit from IBPNA to the applicant identified above and its successors and or assign, the undersigned warrants and represents that the statements made and information provided herein are complete, correct and true with the intent that strict reliance be placed thereon in extending and continuing credit to the above applicant. In order to further induce you to sell merchandise on credit, the undersigned jointly and/or severally unconditionally and irrevocably guarantees the full and prompt payment of any indebtedness of the applicant to IBPNA including finance/late charges in the amount of 2% per month. In the event that legal action instituted to enforce payment of the amount due pursuant to such extension of credit, the undersigned jointly and severally guarantees to liable for all attorney's fees in the amount of 33% of the balance owed, including all costs and expenses incurred by IBPNA for such a situation. In the event of non payment by the referenced business, IBPNA will be entitled to payment from the undersigned or his heirs, without prior demand or notice and without proceeding against the applicant first. The undersigned states that I/WE have read and are familiar with the terms and conditions of sale and I/WE agree to be bound by them. The applicant agrees that at IBPNA'S option, jurisdiction over any and all disputes shall repose in Suffolk County, State of New York. I/WE agree that during review of this agreement, IBPNA may obtain a consumer report on me/us and at any time in the future obtain additional consumer reports to review my/our account. For the purpose of this Credit Application and Agreement facsimile and or email signatures shall in all respects be equivalent to and constitute original signatures and an original document.

EXECUTION OF THIS INSTRUMENT CONSTITUTES A PERSONAL GUARANTEE ON MY/OUR PART(S).

Print Name: _____ Signature: _____ Date: _____

Print Name: _____ Signature: _____ Date: _____

A copy of a valid driver's license *must* accompany all applications for credit

DIRECTIONS TO YOUR OFFICE: _____
BANK NAME: _____
ADDRESS: _____
TELEPHONE#: _____
CONTACT/BANKER: _____
CHECKING ACCT: _____
SAVINGS ACCT#: _____

**CREDIT CARDS WILL NOT BE ACCEPTED AS TRADE REFERENCES
AND SUBMIT 3 OF YOUR MOST RECENT TRADE STATEMENTS**

CREDIT REFERENCE (1)

ADDRESS: _____
TELEPHONE#: _____
YOUR ACCOUNT#: _____

CREDIT REFERENCE (2)

ADDRESS: _____
TELEPHONE#: _____
YOUR ACCOUNT#: _____

CREDIT REFERENCE (3)

ADDRESS: _____
TELEPHONE#: _____
YOUR ACCOUNT#: _____

CREDIT REFERENCE (4)

ADDRESS: _____
TELEPHONE#: _____
YOUR ACCOUNT#: _____

YOUR COMPANY NAME: _____

WE GIVE PERMISSION TO THE ABOVE VENDORS TO PROVIDE A CREDIT REFERENCE ON US.
PLEASE SIGN: _____

PLEASE TELL US MORE ABOUT YOURSELF:

1 - What type of contractor are you? General Subcontractor Architectural Woodworker
 Other _____

2 - What is your specialty? Roofing Drywall Acoustical General Contractor Cabinetry Store Fixtures
Display MFG Furniture Other _____

3 - What type of material will you be buying most? Lumber Drywall Steel Sheet Rock Ceiling Flooring
 Hardwood Plywood Flake Fiber Construction Plywood Other _____

4 - Have you operated under another name? Yes No

If yes, under what name? _____

A copy of a valid driver's license must accompany all applications for credit