



"First In Service..."

95 Van Guysling Avenue, Schenectady, N.Y. 12305

Toll Free (800) 223-4731 • Fax (518) 393-1813 • Phone (518) 393-1448

### Credit Application

You are applying for a commercial business account. Billing will be conducted by Quality Roofing & Siding Supplies. Incomplete information may result in the decline of your application. All information given will be held in the strictest confidence and used solely in connection with your account.

Date \_\_\_\_\_ Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Business Name \_\_\_\_\_ Is this a DBA Name? \_\_\_\_\_

DBA Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

**Legal Status**     Proprietorship     Partnership     Corporation     LLP     LLC

Are you registered to do business in New York State? \_\_\_\_\_ Date Established? \_\_\_\_\_

Number of Employees? \_\_\_\_\_ How long have you been doing business under this name? \_\_\_\_\_

State of Incorporation? \_\_\_\_\_ Accounts Payable Manager Name? \_\_\_\_\_

### Principals

Name \_\_\_\_\_ Title \_\_\_\_\_ DOB \_\_\_\_\_ SS Number \_\_\_\_\_

Home Address \_\_\_\_\_ Home Tel \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ DOB \_\_\_\_\_ SS Number \_\_\_\_\_

Home Address \_\_\_\_\_ Home Tel \_\_\_\_\_

### Trade References (Please List 4) Must have an account with Company Listed.

1. Name \_\_\_\_\_ Years Open \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Contact \_\_\_\_\_ Telephone \_\_\_\_\_

2. Name \_\_\_\_\_ Years Open \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Contact \_\_\_\_\_ Telephone \_\_\_\_\_

3. Name \_\_\_\_\_ Years Open \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Contact \_\_\_\_\_ Telephone \_\_\_\_\_

4. Name \_\_\_\_\_ Years Open \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Contact \_\_\_\_\_ Telephone \_\_\_\_\_

Amount of credit Requested at Quality Roofing & Siding Supplies? \_\_\_\_\_

Please Note: Amount of Credit may be increased or Decreased according to payment experience.

**Financial Information**

Bank Name and Branch \_\_\_\_\_

Bank Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Bank Contact \_\_\_\_\_ Telephone \_\_\_\_\_

Business Checking Acct # \_\_\_\_\_ Personal checking Acct # \_\_\_\_\_

**Special Instructions**

Are purchase orders required for purchases? \_\_\_\_\_ Are verbal PO's acceptable? \_\_\_\_\_

Written purchase orders only? \_\_\_\_\_ Will you be paying Sales Tax? \_\_\_\_\_

If not, a Resale or Direct Payment Certificate must be attached.

**Terms 30 Days Net**

*Applicant is hereby advised that our regularly stated terms are 30 days Net. Purchaser agrees to the terms hereof and conditions set forth on each invoice. Past Due accounts will be assessed a service charge of 2% per month or a rate not to exceed lawful limits.*

*In the event it becomes necessary for our firm to initiate legal proceedings to enforce payment, we shall be entitled to court costs and attorneys' fees in the sum of 1/3 of the unpaid balance and interest of 2% per month on all amounts due and payable. Any invoice that ages beyond the terms set forth, will result in a Credit Hold of the account.*

*Corporation officer herewith acknowledge and assume personal responsibility for debts incurred in the name of the firm.*

Name \_\_\_\_\_ Corporate Officer Title \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Corporate Officer Title \_\_\_\_\_ Date \_\_\_\_\_

*I have read, understand and accept the above terms. I have provided true information to the best of my knowledge. And have retained a copy of this agreement for my records. I hereby agree that this account is situated in the state Of New York. It is agreed between parties that NYS law is to govern this account. NYS venue and jurisdiction are Proper for any legal matter regarding this account. I authorize the above cited references to supply pertinent Information as may be required to determine our credit capabilities. I also authorize Quality Roofing & Siding Supplies to investigate our credit. I acknowledge this is a commercial business account.*

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
Corporate Officer or Principal

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
Corporate Officer or Principal