

Internal Office Use:
Salesperson:
Amount Approved:
Auth. Signature:
Approve\_\_\_\_ Not Approve\_\_

5200 Grays Ave. Philadelphia, PA 19143 Phone: (215) 724-8000 Fax: (215) 724-0641

Email: Tmarhon@ciescoinc.com

## **CREDIT APPLICATION AND AGREEMENT**

STREET ADDRESS		
CITY	STATEZIP_	
PHONE NUMBER	FAX NUMBER	
SALES TAX EXEMPTION NU	MBER	
(MUST PROVIDE A SALES TAX EXE	MPT. CERTIFICATE)	
TYPE OF OWNERSHIP: CORP	ORATIONPARTNERSHIPINDIVIDUAL	_
ALL OWNERS, PARTNERS, O	R IF CORPORATION, OFFICERS: ADDRESS	TELEPHONE
1		
TYPE OF BUSINESS		
BEGAN BUSINESS	GROSS ANNUAL SALES \$	
LENGTH OF TIME AT PRESE	NT LOCATION	
NAME AND ADDRESS OF LA	NDLORD:	
A/P CONTACT:	PHONE	
EMAIL ADDRESS FOR INVOI	CE AND STATEMENT DELIVERY:	
MAXIMUM MONTHLY CRE	DIT REQUESTED	

## **BANK REFERENCES**

BANK'S NAME	BANK'S NAME	
ADDRESS	ADDRESS	
CONTACT	CONTACT	
ACCOUNT #	ACCOUNT #	
BUSINESS REFEREN	CES WHERE TRADE IS NOW EXTENDED	
NAME	NAME	
ACCOUNT #	ACCOUNT #	
ADDRESS	ADDRESS	
AMOUNT OUTSTANDING	AMOUNT OUTSTANDING	
PHONE	PHONE	
FAX	FAX_	
NAME	NAME	
ACCOUNT #	ACCOUNT #	
ADDRESS	ADDRESS	
AMOUNT OUTSTANDING	AMOUNT OUTSTANDING	
PHONE	PHONE	
FAX	FAX	
ARE THERE ANY UNSATISFIED JUDGE	EMENTS AGAINST YOU? YESNO	
IF "YES", TO WHOM OWED?	AMOUNT	
	OR BEEN DECLARED BANKRUPT IN ANY BUSINESS IN THE LAST 14 YEARS? YESNO	

CREDIT PRIVILEGES ARE HEREBY APPLIED FOR, AND IT IS UNDERSTOOD AND AGREED THAT THE TERMS OF PAYMENT ARE NET WITHIN 30 DAYS FROM DATE OF THE INVOICE. DELINQUENT ACCOUNTS ARE SUBJECT TO A 1½ % PER MONTH LATE CHARGE. ALSO INDICATED BY MY SIGNATURE BELOW, IS THE AUTHORIZATION TO DO THE INVESTIGATION NECESSARY TO DETERMINE WHETHER OR NOT CSSUPPLY LLC. WILL EXTEND CREDIT AS REQUESTED HEREIN.

IF ANY DEBT ARISING OUT OF A CREDIT GRANTED SUBSEQUENT TO THIS CREDIT APPLICATION AND AGREEMENT (hereinafter the Credit Agreement) BECOMES DELINQUENT, AND IS TURNED OVER TO AN ATTORNEY FOR COLLECTION, APPLICANT AGREES TO PAY UNTO CSSUPPLY LLC. ATTORNEY'S FEES IN THE AMOUNT OF 20% OF THE AMOUNT OF SUCH DELINQUENT DEBT, PLUS ALL COURT AND ATTENDANT COLLECTION COSTS.

ON BEHALF OF THE APPLICATION, I CERTIFY THAT EVERYTHING STATED IN THIS CREDIT APPLICATION IS CORRECT TO THE BEST OF MY KNOWLEDGE. NAME OF BUSINESS\_\_\_\_\_ SIGNATURE\_\_\_\_\_ DAY OF \_\_\_\_\_\_, PERSONAL GUARANTEE TO INDUCE APPROVAL OF THIS CREDIT APPLICATION, AND IN CONSIDERATION FOR CSSUPPLY LLC. EXTENDING CREDIT TO THE ABOVE NAMED APPLICANT, WE THE UNDERSIGNED DO HEREBY JOINTLY, SEVERALLY, AND PERSONALLY GUARANTEE THE PROMPT AND TIMELY PAYMENT OF ALL MONIES DUE CSSUPPLY LLC. FROM THE APPLICANT AS A RESULT OF CREDIT EXTENDED BY CSSUPPLY LLC. TO SAID APPLICANT, AND WE HEREBY AGREE TO INDEMNIFY CSSUPPLY LLC. AGAINST ANY AND ALL DAMAGE LOSS, EXPENSE (including attorney's fees) AND/OR LIABILITY SUSTAINED BY CSSUPPLY LLC. BY REASON OF, OR RELATED TO THE APPLICANT'S FAILURE TO PAY ALL MONIES OWED TO CSSUPPLY LLC. WHEN DUE. CSSUPPLY LLC. MAY ENFORCE THIS PERSONAL GUARANTEE AGAINST THE UNDERSIGNED, OR ANY OF THEM JOINTLY, OR SEVERALLY, WHETHER OR NOT ANY ACTION IS TAKEN BY CSSUPPLY LLC. AGAINST THE APPICANT. THIS PERSONAL GUARANTEE SHALL BIND OUR RESPECTIVE HEIRS, ADMINISTRATORS, PERSONAL REPRESENTATIVES, SUCCESSORS, AND ASSIGNS, AND SHALL ENDURE TO THE BENEFIT OF CSSUPPLY LLC.'S SUCCESSORS AND ASSIGNS. ALL CSSUPPLY LLC. RIGHTS ARE CUMULATIVE, AND NOT ALTERNATIVE. PRINT NAME **SIGNATURE SOCIAL SECURITY #** PRINT NAME SIGNATURE **SOCIAL SECURITY #** PRINT NAME SIGNATURE SOCIAL SECURITY #

SIGNATURE

PRINT NAME

SOCIAL SECURITY #