



189 Eastford Road  
 PO Box 188  
 Eastford, Connecticut 06242  
 Tel 860 974 1924 Fax 860 974 0099

# Application for Credit

## Applicant Name/Address

Last:	First:	Middle Initial:	Title (Business)	
Name of Business: (if applicable)			Tax I.D. or SS Number	
Address:				
City:	State:	ZIP:	Home/Bus Phone:	Cel Phone:

## Company Information (Business Account Only)

Type of Business:	In Business Since:	Credit Line Desired:		
Legal Form Under Which Business Operates:			Contractor Lic#:	
Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> LLC <input type="checkbox"/>				
If Division/Subsidiary, Name of Parent Company:			In Business Since:	
Name of Company Principal Responsible for Business Transactions:			Title:	
Address:	City:	State:	ZIP:	Phone:
Name of Company Principal Responsible for Business Transactions:			Title:	
Address:	City:	State:	ZIP:	Phone:

**Please read the following carefully before signing.**

In consideration of your extending credit to me/us for purchases of goods and/or services rendered, I/we agree:

- To authorize Eastford Building Supply, Inc., any credit bureau or other investigative agency acting for Eastford Building Supply, Inc. to investigate references, statements or other data obtained from me or any other person pertaining to my credit financial responsibility.
- To pay my account in full on or before the tenth of the month following the purchase without FINANCE CHARGE or I/we agree to pay a FINANCE CHARGE which is a "FINANCE CHARGE" of 1 1/2% per month on the unpaid balance over 30 days (annual percentage of 18%). It is agreed that attorney's fees and cost of collection shall be added to any unpaid balance.
- You may declare my/our entire indebtedness hereunder to be due and payable if I/we default in making any payments hereunder in full when due, and you may charge me/us a reasonable attorney's fee if it is referred to an attorney for collection.

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended.

\_\_\_\_\_  
 (Applicant Signature)

\_\_\_\_\_  
 (Date)

### Guarantee Of Payment

I hereby guarantee unto EASTFORD BUILDING SUPPLY the payment in full of any and all sums due by (Name of Account) \_\_\_\_\_ now existing of which is incurred hereafter and in whatever form it may be evidenced. This is to be a continuing guarantee until all payment of indebtedness is made. It is not to be limited in any manner. When and if this account is placed in the hands of an attorney for collection of any amounts unpaid and owing, I guarantee and agree to pay attorney's fees which is agreed to be reasonable for collections, in addition to the amount of the unpaid balance due.

\_\_\_\_\_  
 (Guarantor Signature)

\_\_\_\_\_  
 (Date)

**FOR OFFICE USE ONLY**

#1 Account# \_\_\_\_\_ #13 Auth Person \_\_\_\_\_ #14 Salesman \_\_\_\_\_ #15 Date Opened \_\_\_\_\_  
 #16 Reference \_\_\_\_\_ #17 Type \_\_\_\_\_ #18 Tax Code \_\_\_\_\_ #23 Limit \_\_\_\_\_