Nassau Suffolk Hardware
33 Cedar Swamp Road
Glen Cove, NY 11542

516-621-3208
516-621-3321 (fax)

*BOTH SIDES MUST BE COMPLETED AND THE ORIGINAL APPLICATION
MUST BE SUBMITTED FOR FINAL PROCESSING*

For Office Use Only _____

COMMERCIAL CREDIT APPLICATION

IMPORTANT: *Our Company reports Account Receivable information to National Credit Reporting Agencies through TRADE CREDIT CORP.*

ACCOUNT NAME: _____

PHYSICAL ADDRESS: _____

CITY / STATE / ZIP: _____

MAILING ADDRESS (IF DIFFERENT): _____

BUSINESS TEL. #: _____ FAX #: _____

PAGER #: _____

E-MAIL ADDRESS: _____

TAX I.D. NUMBER: _____

HOME IMPROVEMENT LICENSE # AND COUNTY: _____

LENGTH OF TIME IN BUSINESS: _____

ANTICIPATED MONTHLY CREDIT: $_____

TYPE OF BUSINESS (Check One)	CUSTOMER CLASS (Check One)
( ) Corporation	( ) Builder
( ) Partnership	( ) Contractor
( ) Sole Proprietorship	( ) Other

DATE OF INCORPORATION _____

HAVE YOU DONE BUSINESS UNDER ANOTHER NAME WITHIN THE PAST 4 YEARS? IF SO, PLEASE COMPLETE UNDER WHAT
NAME & ADDRESS:_____

BILLING REQUIREMENTS:
PURCHASE ORDERS REQUIRED ( )
IF AUTHORIZED PURCHASERS ARE REQUIRED, ATTACH A SEPARATE TYPED / PRINTED LIST & RETURN

INFORMATION ABOUT THE PRINCIPALS / OWNERS / PARTNERS

(1) NAME & TITLE: _____

HOME ADDRESS _____

DATE OF BIRTH: _____ DRIVER'S LIC. #: _____

OWN YOUR HOME: _____ OR RENT _____ YEARS AT CURRENT ADDRESS _____

SOCIAL SECURITY #: _____ HOME TELEPHONE # _____

(2) NAME & TITLE: _____

HOME ADDRESS _____

DATE OF BIRTH: _____ DRIVER'S LIC. #: _____

OWN YOUR HOME: _____ OR RENT _____ YEARS AT CURRENT ADDRESS _____

SOCIAL SECURITY #: _____ HOME TELEPHONE # _____

(3) NAME & TITLE: _____

HOME ADDRESS _____

DATE OF BIRTH: _____ DRIVER'S LIC. #: _____

OWN YOUR HOME: _____ OR RENT _____ YEARS AT CURRENT ADDRESS _____

SOCIAL SECURITY #: _____ HOME TELEPHONE # _____

BANKING INFORMATION:

(1) BANK NAME: _____ PHONE: _____

ADDRESS: _____

ACCOUNT #: _____ (type of account)

ACCOUNT #: _____ (type of account)

(2) BANK NAME: _____ PHONE: _____

ADDRESS: _____

ACCOUNT #: _____ (type of account) _____

ACCOUNT #: _____ (type of account) _____

CREDIT INFORMATION (COMMERCIAL TRADE REFERENCES)

(1) NAME OF SUPPLIER: _____

TELEPHONE #: _____ FAX # _____ ACCOUNT # _____

(2) NAME OF SUPPLIER: _____

TELEPHONE #: _____ FAX # _____ ACCOUNT # _____

(3) NAME OF SUPPLIER: _____

TELEPHONE #: _____ FAX # _____ ACCOUNT # _____

OUR TERMS

In consideration of   Nassau Suffolk Hardware   selling applicant on credit I (we) agree to the following terms:

(1) To pay the monthly statement in full by the end of the billing cycle for the month of invoicing.

(2) In the event of default of the foregoing paragraph (1), I (we) agree to pay a finance charge of 1-1/2% per month (18% per annum) on all unpaid past due balances.

(3) In the event of non-payment, I (we) agree to pay all costs & expenses of collection, including attorney fees of 33-1/3% of the amount referred for collection and continuing finance charges until payment is secured.

(4) I (we) authorize the trade reference(s) stated above to disclose any credit reference information requested as well as a credit bureau check of the applicant and/or guarantors to secure a line of credit.

(5) I (we) understand NSHS reserves the right to close such account if the terms are not complied with or if the credit limit is exceeded at any time.

DATED: _____   SIGNATURE: _____
                                         (Must be signed by the owner or officer)
                                         PRINT NAME: _____

                                         TITLE: _____

PERSONAL GUARANTY OF APPLICANT'S PAYMENT

In consideration of the granting of credit by   Nassau Suffolk Home Supplies, Inc. (NSHS)   , to the person, firm, or company to whom credit was or is to be extended by this application, the undersigned, jointly and severally, unconditionally guarantees payment for any and all purchases to be made in the future in whatever form it may be evidenced. I/we further guarantee the payment of all late fees / finance charges of one and one half percent (1½%) per month (18% per annum) computed from month to month on all past due balances. This is to be a continuing guaranty and it is not to be limited in any manner. In the event this account is placed in the hands of an attorney for collection of any amounts unpaid and owing, I/we guarantee and agree to pay collection / legal fees of 33 1/3% of the amount referred for collection in addition to all court costs and the amount of the unpaid balance due.

INDIVIDUAL GUARANTY OF PAYMENT

GUARANTOR (PRINT NAME) _____   CO-GUARANTOR (PRINT NAME) _____

GUARANTOR **(SIGN INDIVIDUALLY)** _____   CO-GUARANTOR **(SIGN INDIVIDUALLY)** _____

GUARANTOR'S SS # _____   CO-GUARANTOR'S SS# _____

DATED _____   DATED _____

WITNESS' SIGNATURE _____

A-2001