



Where Service is First!
 6805 Delilah Road
 Egg Harbor Township, NJ 08234
 800-544-3125 • info@citysupplyco.com

Credit Card Authorization Form

I hereby give the written authority to City Supply Co to use the following credit card information for the sole purpose fo process outstanding invoices incurred from pruchases made.

Company Name: _____

Owner/Principal signature: _____

Title: _____

Date: _____

Credit Card

	Account Number	Expiration Date
American Express	<input type="text"/>	<input type="text"/>
Visa	<input type="text"/>	<input type="text"/>
MasterCard	<input type="text"/>	<input type="text"/>
Discover	<input type="text"/>	<input type="text"/>
CIA	<input type="text"/>	



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BANK AUTHORIZATION FORM

Account#	<input type="text"/>	
Bank	<input type="text"/>	
Address	<input type="text"/>	
City / State / Zip	<input type="text"/>	
Phone	<input type="text"/>	Fax <input type="text"/>

I, _____ hereby authorize the above mentioned bank to disclose the following account information for the sole purpose of establishign credit terms with City Supply Co.

Request for the credit information.

The above account has given your bank as a referrence in applying for credit. All information will be held in strictt confidence.

We would greatly appreaците your assistance in completing the information a below.

Regards,

Sanford Levy
General Manger
City Supply Co
6805 Delilah Road
Egg Harbor Township, NJ 08234



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The above captioned company has given your bank as a Credit Reference. In order to determine a line of credit for them, we ask in confidence that you please furnish the following information:

Type of Account: _____

Date Opened: _____

Average Daily Balance: _____

Comments: _____

Type of Credit / Loans: _____

Highest Extended Credit: _____

Current Outstanding Balances: _____

Repayment History: _____

NSF Experience: _____

Signature of Bank Representative: _____

Your prompt response will be appreciated, as we have an order pending. If you have any questions regarding City Supply Co, you may contact me at 800-544-3125.

Your Truly,

Sanford Levy
General Manger



6805 Delilah Road
Egg Harbor Township, NJ 08234

Phone: 800-544-3125
Fax: 609-641-1223

Credit Application

Trade Name: _____ Corporation Name: _____

Physical Address: _____ City: _____

Mailing Address: _____ City: _____

Telephone: _____ Fax: _____ Email Address: _____

PJP Sales Rep # _____ **Est. Annual or Monthly Purchase Volume** _____ **month** [] **year** []

Principals

If Corporation, Name Officers / If Partnership, name All Partners; / If LLC, Name All Members / If Sole Proprietorship, Name Owner

Name: _____ Title: _____ SS# / Date of Birth / Drivers Lic # _____ Residence Address _____ Telephone _____

Trade References (provide four)

If Corporation, Name Officers: If Partnership, name All Partners: If LLC, Name All Members: If Sole Proprietorship, Name Owner

Supplier: _____ Address: _____ Account# _____ Telephone _____

Contact Person For Billing

Name: _____ Title: _____ Phone: _____

How Long in Operation: _____ How Long at Current Location: _____ Any Other Locations / Businesses YES { } No { }

If Operating less than three months: Previous Business: _____

Year Owned: _____ Until: _____ List References above for Previous Business _____ Building Owned { } Leased { }

Type of Business: [] Corporation [] Partnership [] Limited Liability Company [] Proprietorship

Name of Landlord / Mortgage Co: _____ Address: _____

Bank Information

Name/ Address of Bank : _____

City _____ State _____ Zip _____ Telephone _____ Fax _____

[] Checking [] Savings [] Loan Account # _____

Name/ Address of Bank : _____

City _____ State _____ Zip _____ Telephone _____ Fax _____

[] Checking [] Savings [] Loan Account # _____

I hereby Authorize _____ and their agents to verify information with my bank and I further authorize my bank to release such information to them.

Authorized Signature X _____ **Title** _____ **Date** _____

Personal Guarantee

The undersigned (jointly and severally) in consideration of your extending credit to the above named applicant, do hereby unconditionally guarantee payment of all indebtedness, liabilities or obligations, said applicant shall at any time owe to _____, OR ANY OF ITS SUBSIDIARIES OR AFFILIATED COMPANIES.

This guarantee shall be a continuing, absolute, and unconditional guarantee and shall remain in full force and effect until expressly revoked by a written notice from the undersigned sent certified mail, return receipt requested, and also, until all of said indebtedness, liabilities and obligations created before such notice shall be fully paid.

This guarantee extends to and includes any and all interest due or to become due together with any and all costs and expenses, including but not limited to collection agency fees, attorney fees and court costs by _____, or its affiliates or subsidiaries in connection with any matter covered by this guarantee.

Guarantor's Signature X _____ **Date** _____