



# APPLICATION

For Questions concerning your account

Call: 508.394.5022

Fax: 508.394.0992

*P. O. BOX 1475, 485 ROUTE 134, HARNEY'S PLAZA, S. DENNIS, MA 02660*

## BUSINESS PROFILE

Trade Name \_\_\_\_\_ Phone \_\_\_\_\_

Corporate Name \_\_\_\_\_ Email \_\_\_\_\_

Shipping Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Billing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_ Proprietorship \_\_\_ Partnership \_\_\_ Corporation \_\_\_\_\_ Years in Business \_\_\_\_\_

Previous Business Owned \_\_\_\_\_

## PRINCIPALS OR OFFICERS OF CORPORATION

NAME \_\_\_\_\_ TITLE \_\_\_\_\_ D.O.B. \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_

RESIDENCE ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

NAME \_\_\_\_\_ TITLE \_\_\_\_\_ D.O.B. \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_

RESIDENCE ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PERSON TO CONTACT REGARDING PAYMENT: \_\_\_\_\_  
PHONE: (    ) \_\_\_\_\_ FAX: (    ) \_\_\_\_\_  
\_\_\_ CHECK HERE IF CASH SALES ARE OKAY UNTIL CREDIT APPROVED.

WE AGREE THAT IN THE EVENT OUR ACCOUNT REMAINS UNPAID BEYOND 30 DAYS PAST THE DUE DATE, AND IS PLACED WITH AN ATTORNEY OR COLLECTION AGENCY FOR COLLECTION, WE WILL PAY 1.5% SERVICE CHARGE PER MONTH ON UNPAID BALANCES WHICH ARE MORE THAN 30 DAYS PAST DUE AND/OR TURNED OVER FOR COLLECTION.

WE CERTIFY THAT ALL THE INFORMATION ON THIS FORM IS CORRECT. WE FULLY UNDERSTAND YOUR CREDIT TERMS AND AGREE TO THE PROPER PAYMENT IN CONSIDERATION OF EXTENDED CREDIT.

PRINTED NAME \_\_\_\_\_ (SIGNED) \_\_\_\_\_  
INDIVIDUALLY AND AS AN OFFICER OF THE CORPORATION

DATE \_\_\_\_\_ 20\_\_\_\_ (TITLE) \_\_\_\_\_

HEREBY applies for credit in accordance with the terms and conditions of Ring Bros.

SIGNATURE REQUIRED TO PROCESS APPLICATION.

## PERSONAL GUARANTEE

THIS COMPANY IS A CORPORATION, PLEASE NOTE THE FOLLOWING: I \_\_\_\_\_, in consideration for your extending credit at my request to \_\_\_\_\_, (hereinafter referred to as the "Company"), of which I am \_\_\_\_\_, hereby personally guarantee to you the payment of my obligation of the Company and I hereby agree to bind myself to pay you on demand any sum which may become due you by the Company whenever the Company fails the same. It is understood that this guarantee shall be continuing and irrevocable guaranty and indemnity for such indebtedness of the Company. I do hereby waive notice of default, non-payment and notice thereof and consent to any modification or renewal of the credit hereby guaranteed.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**BANK**

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE ( ) \_\_\_\_\_  
 ACCOUNT # \_\_\_\_\_ ACCOUNT OFFICER \_\_\_\_\_

**TRADE REFERENCES**

THE FOLLOWING INFORMATION MUST BE PROVIDED. IT WILL BE HELD IN THE STRICTEST CONFIDENCE.  
**ALCOHOL VENDORS NOT ACCEPTED AS TRADE REFERENCES**

NAME \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 ACCOUNT # \_\_\_\_\_ CONTACT \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 ACCOUNT # \_\_\_\_\_ CONTACT \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 ACCOUNT # \_\_\_\_\_ CONTACT \_\_\_\_\_

CREDIT MANAGER \_\_\_\_\_

**OUR NORMAL CREDIT TERMS ARE 7-14 DAYS**

IF YOU WISH TO REQUEST TERMS OTHER THAN OUR NORMAL 7-14 DAYS, PLEASE INDICATE YOUR REQUEST HERE

**PLEASE DO NOT WRITE IN THE SPACE BELOW**

REFERENCES CHECKED BY	CREDIT APPROVED BY
REFERENCES RESULTS	CREDIT REFUSED BY
SALESPERSON	DATE
SPECIAL INSTRUCTIONS:	