



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:	