



Please return to Accounting:  
[ar@colesupply.com](mailto:ar@colesupply.com) Fax: 707-745-8949

## Credit Application & Agreement

**Account Manager:** \_\_\_\_\_

### A. General Information

Business Name:		
A/P contact:	Business Type:	# Years in Business:
<b>Owner Name (If Different from Business Name):</b>		
Billing Address:		
City:	State:	ZIP Code:
Phone:	Fax:	A/P E-mail:
<b>Previous address (If less than 2 years)</b>		
City:	State:	ZIP Code:

### B. Applicant's Preferences

Amount of Credit Line Requested:		
Written PO required (Please Circle): <b>Yes</b> or <b>NO</b>		
Authorized Purchaser:		
Phone:	E-mail:	Fax:

### C. Applicant's Trade References

1. Name:		
Phone:	Fax:	Account:
Address:		
City:	State:	ZIP Code:
2. Name:		
Phone:	Fax:	Account:
Address:		
City:	State:	ZIP Code:
3. Name:		
Phone:	Fax:	Account:
Address:		
City:	State:	ZIP Code:
4. Name:		
Phone:	Fax:	Account:
Address:		
City:	State:	ZIP Code:

## D. Credit Terms & Conditions

The Following terms and conditions apply to all credit extended to Applicant's by Cole Supply Co. Inc.

1. The person signing below represents that (s) he is the individual, or an authorized owner, partner, or officer of the Applicant named herein. It is understood that any information so obtained from Applicant's bank and trade references shall be used by Cole Supply Co. Inc. solely for determining whether, and in what amount, to grant credit to Applicant. The person signing below warrants that all information provided is true and correct and that it may be relied upon in granting of future credit.
2. Full payment of each and every Cole Supply Co. Inc. invoice is due no later than 30 days from invoice date.
3. Special order merchandise may not be returned without Cole Supply Co. Inc. written authorization and is subject to a 20% restocking fee.
4. Any payment made which is subsequently returned or rejected by issuing bank shall be subject to a minimum charge of \$20.00 for each occurrence of a returned or rejection, or the actual charges whichever is greater.
5. Any and all past due balances are subject to a service charge. Charges will accrue at 1.5% per month, or 18% per annum.

The credit terms and conditions stated herein shall super cede all credit terms and conditions previously agreed to between Applicant and Cole Supply Co. Inc. and shall apply to any and all of Applicant's invoices or accounts which are outstanding or unpaid as of the date that appears below.

Signature & Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

## E. Personal Guarantee

I, \_\_\_\_\_ (hereinafter referred to as "Guarantor") residing at \_\_\_\_\_ for and in consideration of your extending credit at my request to \_\_\_\_\_, (hereinafter referred to as "the company"), of which I am \_\_\_\_\_, hereby personally and unconditionally, guarantee payment, at invoicing location of any obligation of the Company to Cole Supply.

Nothing shall discharge or satisfy the liability of the Guarantor hereunder except the full performance and payment of the indebtedness of the Company, with interest and cost as provided herein. The Personal Guarantee is a primary and original obligation of Guarantor, and is an absolute, unconditional and irrevocable guarantee of payment and shall remain in full force and effect without respect to future changes in conditions, including changes of law or any invalidity or irregularity with respect to the issuance of any obligation of the Company to Cole Supply or with respect to the execution or delivery of any agreement between the Company and Cole Supply. In the event Guarantor fails to fulfill any obligation contained herein, or should litigation occur with respect to any matter or arising out of or concerning a subject matter of this Personal Guarantee, Cole Supply shall be entitled to recover from Guarantor all cost reasonably incurred in connection therewith, including reasonable attorney's fees.

Signature & Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

## F. Credit Card Authorization

I hereby authorize Cole Supply Co., Inc. to process my monthly Account Balance per my instructions (i.e. invoices/amount to pay etc.) to my Credit Card listed below.

Name as it appears on credit card:

Credit Card Number:

Security Number:

Expiration Date:

Billing Address:

City:

State:

ZIP Code:

Type of Credit Card (Please Circle One):

**Visa**

**Master Card**

**American Express**

**Discover**

Cardholder Signature:

**Cole Supply accepts ACH payment.**

**To process ACH payment, attach the ACH form provided by your bank.**