



CREDIT APPLICATION & AGREEMENT

Fax Completed Application To
 United States: 1-800-743-8618
 Canada: 1-866-691-9924

Account Status: <input type="checkbox"/> New <input type="checkbox"/> Update	Account No.: _____
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Terms Applying For: <input type="checkbox"/> Credit Card <input type="checkbox"/> Check/Money Order <input type="checkbox"/> Prepaid <input type="checkbox"/> PayPal <input type="checkbox"/> Wire
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This Confidential Credit Application and Agreement (“Application”) is made to Albany Distributing for the purpose of inducing Albany Distributing to extend credit accommodations to the Applicant named below.

APPLICANT'S LEGAL BUSINESS NAME			
BILLING STREET ADDRESS		APARTMENT/ROOM/SUITE/UNIT	
CITY	STATE	ZIP/POSTAL CODE	COUNTRY
SHIP TO ADDRESS (IF DIFFERENT FROM ABOVE)			
BUSINESS TELEPHONE NUMBER(S)			
BUSINESS FAX NUMBER(S)			

1. Applicant's Type of Business Is: _____
2. Applicant Is A Sole Proprietorship Partnership Corporation
 - a. If Corporation, Date of Incorporation: _____
3. Applicant Was Established (Date): _____
4. Federal Employer Identification Number: _____
5. Is Applicant Tax Exempt? Yes No
 - a. If Yes, Resale Certificate must be attached to your application.
6. Applicant Has Operated From Its Current Address for _____ years.
7. The Principals (Owners, Partners, Shareholders, and Officers) Of Applicant Are (If Sole Proprietorship, Provide Information Owner):

Attach additional pages if needed.

NAME		SOC. SECURITY #	
BUSINESS TITLE			
RESIDENCE STREET ADDRESS		APARTMENT/ROOM/SUITE/UNIT	
CITY	STATE	ZIP/POSTAL CODE	COUNTRY

NAME		SOC. SECURITY #	
BUSINESS TITLE			
RESIDENCE STREET ADDRESS		APARTMENT/ROOM/SUITE/UNIT	
CITY	STATE	ZIP/POSTAL CODE	COUNTRY

8. Bank References (Minimum 1 Required)

Business Bank

Bank Name: _____

Account #: _____

Telephone#: _____

FAX#: _____

Contact/Loan Officer: _____

Personal Bank

Bank Name: _____

Account #: _____

Telephone#: _____

FAX#: _____

Contact/Loan Officer: _____

9. Trade/Supplier References (Minimum 3 Required)

Name: _____

Account #: _____

Telephone#: _____

FAX#: _____

Name: _____

Account #: _____

Telephone#: _____

FAX#: _____

Name: _____

Account #: _____

Telephone#: _____

FAX#: _____

Name: _____

Account #: _____

Telephone#: _____

FAX#: _____

10. Outstanding Loans Made To Applicant

Name of Creditor: _____ Name of Creditor: _____
Type of Loan: _____ Type of Loan: _____
Original Amount Due: _____ Original Amount Due: _____
Present Amount Due: _____ Present Amount Due: _____
Monthly Payment: _____ Monthly Payment: _____
Security: _____ Security: _____

11. Approximate Amount Of Credit Applicant Will Need Per Month: _____

Terms and Conditions:

In consideration of the extension of credit by Albany Distributing to Applicant, Applicant agrees to the following terms and conditions:

1. Upon approval of this application, Albany Distributing, in its sole discretion, will assign Applicant a maximum credit line and shall have the right to increase, decrease, or terminate Applicant's credit privileges under this Application at any time without prior notice to Applicant, except as otherwise provided by law.
2. All purchases by Applicant of goods and/or services from Albany Distributing will be made in accordance with the terms and conditions of this Application and any Invoices and/or other documents evidencing the Applicant's obligations to Albany Distributing, all of which are incorporated herein by this reference.
3. Payment of the purchase price for goods/or services acquired from Albany Distributing shall be made pursuant to the terms set forth on each Invoice, and Applicant agrees to pay all charges according to the payment terms established in said invoice. The entire outstanding balance due to Albany Distributing on all Invoices shall become due in full immediately upon default in the payment of any Invoice.
4. All past due amounts are subject to a 1.5% monthly finance charge or the maximum permissible under New York State law.
5. Applicant agrees to pay all costs of collections incurred by Albany Distributing, including reasonable attorneys' fees and expenses, should a default in payment or any other obligation of Applicant occur.
6. This Application and all transactions between the Applicant and Albany Distributing shall be governed by and interpreted in accordance with the laws and decisions of the State of New York.

Application hereby certifies that the information furnished under this Application and any other financial statement furnished in connection herewith, is true and correct and that this information is being furnished by Albany Distributing for the purpose of inducing Albany Distributing to extend credit to Applicant, and understands that Albany Distributing intends to rely upon such information. Applicant agrees to be bound by the terms and conditions in this Application and all invoices and other documents furnished by Albany Distributing from time to time, all of which are incorporated herein by reference. Application understands that Albany Distributing will retain this Application whether or not it is approved. Application hereby authorizes Albany Distributing to check Applicant's credit history and trade and bank references for customary credit information, to confirm the information contained on this Application and to release information to other creditors regarding Applicant's credit experience with Albany Distributing. As a condition to Albany Distributing

extension of credit to Applicant, it requires that a Uniform Commercial Code financing statement be filed to perfect Albany Distributing security interest in the goods that it has sold, or will sell, to Applicant. By Applicant's signature below, hereby authorizes Albany Distributing to file such financing statements showing Applicant as debtor and Albany Distributing as secured party describing the collateral as all goods provided by Albany Distributing to Applicant, in such jurisdictions as Albany Distributing deems appropriate.

APPLICANT: _____

(Full Firm Name)

By Authorized Agent: _____

(Print Name)

(Date)

(Signature)

PERSONAL GUARANTY

- CREDIT REPORT AUTHORIZATION.** Each of the undersigned authorizes Albany Distributing to obtain credit and financial information concerning him or here at any time and from any source. Each of the undersigned represents and warrants that all of the information in the attached Credit Application is true and correct in all respects.
- GUARANTY.** In consideration of Albany Distributing extending credit after the acceptance date hereunder for and on behalf of the Applicant, the undersigned hereby unconditionally and irrevocably, jointly and severally guarantee to Albany Distributing the full, prompt and complete payment of any and all indebtedness of Applicant at anytime and from time to time, to Albany Distributing under the Agreement. The undersigned authorize Albany Distributing, without notice or demand, to renew, compromise, extend, accelerate or otherwise amend the terms of the Agreement. The undersigned hereby waives any right to require Albany Distributing to proceed against any security, any demand for payment, presentment, demands or protest, and any and all other rights the undersigned may have prior to or in connection with the enforcement of this Guaranty, to the maximum extend permitted by law. The obligation shall remain in effect and apply to all transactions notwithstanding any change in the composition of Applicant.

Guarantor Signature

Spouse Signature

Print Name: _____

Print Name: _____

Date : _____

Date : _____