



Credit Application - Charge Customer ___ Dealer ___ Page 1

Main Office: 6 Corporate Drive, Cranbury New Jersey 08512 Tel (800) 223-9132 Fax (800) 382-1979

PLEASE PRINT OR TYPE

Company _____ Address _____

City _____ State _____ Zip _____ Phone: _____ Fax: _____

D & B #: _____ E-Mail: _____

Shipping Address (if different);

Street _____

City: _____ State: _____

Zip: _____ Contact: _____

Nature and Type of Business _____

Sales Tax Exempt No. _____

or

Sales Tax Resale number _____

Please enclose a copy of certificate

Years in Business _____

To be qualified must be at least 3 years

Organizational Information

- Corporation Partnership Proprietor Other

President _____

VP Finance/Controller _____

AP Manager _____

Est. Annual Purchases: \$ _____

Initial Order \$ _____ Max Credit \$ _____

Name and title of person(s) authorized to purchase

Financial Statement Dated: _____ Audited (Y,N) _____

Date of Application _____ Signature _____ (must be authorized bank signer)

Trade References

Firm: _____

Address: _____

City _____ State _____ Zip _____

Phone: _____ Fax: _____

Firm _____

Address: _____

City _____ State _____ Zip _____

Phone: _____ Fax: _____

Firm: _____

Address _____

City _____ State _____ Zip _____

Phone: _____ Fax: _____

Bank References

Name _____

Account # _____

Address _____

City _____ State _____ Zip _____

Phone: _____ Fax: _____



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Company _____

GUARANTEE

In consideration of merchandise received from Utrecht Manufacturing Corp., the undersigned, hereby, personally guarantee payment of invoiced amounts which become past due by failure of the company to pay such invoices within the invoiced terms. The undersigned waives demand for payment and notice of nonperformance and nonpayment, and in the event of default, agrees to pay reasonable collection costs which the Company incurs in pursuing its rights under this Guarantee.

Signature _____

Name _____ **Title** _____ **Date** _____