

# Credit Application & Agreement

Fax to: 201-635-5086 or Email to: applicationcenter@tribuiltmaterialsgroup.com



Today's Date: \_\_\_\_\_

Sales Representative: \_\_\_\_\_

Company Name: \_\_\_\_\_ (hereinafter 'Buyer')

Doing Business as: \_\_\_\_\_

Primary Phone: ( ) \_\_\_\_\_ Other: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code +4: \_\_\_\_\_

Federal Identification #: \_\_\_\_\_ Are you tax exempt?  YES (Attach Tax Exemption Certificate)

Years in Business: \_\_\_\_\_ Do you require purchase orders? YES  NO

If you prefer to receive your invoices via email or fax, please indicate your preference.

Email address: \_\_\_\_\_  Fax number: ( ) \_\_\_\_\_

(Attach Additional List if Necessary)

### All Principals or Officers:

Name:	Title:	Social Security Number:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Primary Contact at your Company: \_\_\_\_\_

Accounts Payable Manager / Controller / Bookkeeper \_\_\_\_\_

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Account Officer: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Bank Routing & A.B.A. Number: \_\_\_\_\_ Account #: \_\_\_\_\_

(9 Digit Number)

(Checking Account Number)

*This information will be used to assure accurate application of your payment.*

TRI-BUILT® MATERIALS GROUP, LLC  
Credit Application & Agreement

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Other firms with which you now have open credit:

Name:	Account #:	Phone:
_____	_____	_____ ( ) _____
_____	_____	_____ ( ) _____
_____	_____	_____ ( ) _____

Additional information:

- Two years financial statements or prior two years federal tax returns.
- Current year-end statement for businesses less than 2 years old or corporate tax return.
- Personal Financial Statements of Principals, or personal tax return if proprietorship or partnership

Buyer agrees to be bound by the terms and conditions stated on our website at www.tribuiltmaterialsgroup.com and further agrees:

1. I/We authorize you to contact Consumer Credit reporting agencies, all bank, credit and trade references herein to verify our credit standing with them and authorize them to release said information to you.
2. I/We certify this account will be used for business purchases only.
3. Invoices past due thirty days are subject to a two percent Service Charge per month. Buyer agrees that should the late payment charge be deemed by a court of competent jurisdiction to violate any law, Buyer's sole remedy against TRI-BUILT® MATERIALS GROUP, LLC for such violation shall be the application of any late payment charge paid in excess of the maximum rate allowable by law toward the unpaid account balance.
4. If it becomes necessary to effect collection, I/we agree to pay all costs of collection including actual court costs, agency costs and attorney fees.
5. The credit limit may be increased or decreased at the discretion of TRI-BUILT® MATERIALS GROUP, LLC, without written notice and without affecting any personal guarantees.
6. Buyer agrees to provide TRI-BUILT® MATERIALS GROUP, LLC with prompt written notice of any change in Buyer's name, address, ownership, or form of business entity.
7. By signing below I/We certify that I/We are authorized to bind the company to the terms and conditions of this agreement.

**IN CONSIDERATION OF TRI-BUILT® MATERIALS GROUP, LLC, ITS SUBSIDIARIES OR AFFILIATES EXTENDING CREDIT, I/WE JOINTLY AND SEVERALLY DO PERSONALLY GUARANTEE UNCONDITIONALLY, AT ALL TIMES, TO TRI-BUILT® MATERIALS GROUP, LLC., ITS SUBSIDIARIES OR AFFILIATES, THE PAYMENT OF INDEBTEDNESS OR BALANCE OF INDEBTEDNESS OF THE WITHIN NAMED FIRM. THIS GUARANTY SHALL CONTINUE UNTIL TEN FULL BUSINESS DAYS AFTER GUARANTOR SENDS A WRITTEN REVOCATION OF THE GUARANTY TO TRI-BUILT® MATERIALS GROUP, LLC, AT 15 EAST UNION AVE., E. RUTHERFORD, NJ 07073, ATTN: CUSTOMER FINANCIAL SERVICES.**

Signature: \_\_\_\_\_

Witness: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Personal Address: \_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Witness: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Personal Address: \_\_\_\_\_  
\_\_\_\_\_