



COMMERCIAL CREDIT APPLICATION

ACCOUNT NAME: _____ BILLING ADDRESS: _____

CORPORATE NAME: _____

ADDRESS: _____ BILLING CONTACT (NAME): _____

_____ (TITLE): _____

TELEPHONE: _____ (TELEPHONE): _____

WEBSITE: _____ (FAX): _____

CREDIT LINE REQUESTED: \$ _____ (e-MAIL): _____

TYPE OF ORGANIZATION : CORPORATION PARTNERSHIP SOLE-PROPRIETOR OTHER: _____

BUILDING & PHYSICAL PROPERTY (CHECK ALL THAT APPLY): OWN RENT LEASE OTHER: _____

TAX EXEMPT ID NUMBER: _____, STATE: _____ (YOU MUST ATTACH A COPY OF EXEMPTION CERTIFICATE)

FEDERAL ID/EIN/SOCIAL SECURITY#: _____ YEARS IN BUSINESS: _____

BANK NAME: _____ ADDRESS: _____

BANK CONTACT NAME: _____ ACCOUNT TYPE: _____ ACCOUNT NUMBER: _____

LIST PRINCIPALS OR OFFICERS (IF SOLE-PROPRIETOR LIST AS PRINCIPAL#1):

PRINCIPAL #1 NAME: _____ POSITION/TITLE: _____

HOME ADDRESS: _____

PRINCIPAL #2 NAME: _____ POSITION/TITLE: _____

HOME ADDRESS: _____

TRADE REFERENCES (NO CREDIT CARDS , UTILITIES, BEER/LIQUOR OR PAPER DISTRIBUTORS, PLEASE):

NAME: _____ ACCOUNT#: _____ PHONE: _____

ADDRESS: _____ FAX: _____

NAME: _____ ACCOUNT#: _____ PHONE: _____

ADDRESS: _____ FAX: _____

NAME: _____ ACCOUNT#: _____ PHONE: _____

ADDRESS: _____ FAX: _____

I/WE, THE UNDERSIGNED, REQUEST THE FOLEY DISTRIBUTING CORPORATION ESTABLISH AN OPEN CREDIT ACCOUNT IN THE NAME LISTED ABOVE. I/WE HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT. IN THE EVENT OF DELINQUENCY NO ORDERS WILL BE FILLED UNTIL PAYMENT IS RECEIVED IN FULL. AFTER 30 DAYS, A FINANCE CHARGE OF 2% PER MONTH WILL BE APPLIED TO THE UNPAID BALANCE. IN THE EVENT OF DEFAULT IN PAYMENT I/WE WILL BE LIABLE FOR ALL COLLECTION COSTS PLUS ATTORNEY'S FEE OF ONE-THIRD OF THE ORIGINAL DEFAULT AMOUNT. I/WE, THE UNDERSIGNED AUTHORIZE FOLEY DISTRIBUTING CORPORATION TO OBTAIN CREDIT INFORMATION FROM ANY CREDIT BUREAU, FINANCIAL INSTITUTION, REFERENCE OR ANY OTHER PERSON OR SOURCE AND TO SHARE CREDIT INFORMATION WITH CREDIT REPORTING AGENCIES OR BUREAUS. FOLEY DISTRIBUTING CORPORATION RESERVES THE RIGHT TO LIMIT OR TERMINATE THIS LINE OF CREDIT AT ANY TIME.

SIGNATURE(S) OF GUARANTOR(S): _____ DATE: _____

AN INCOMPLETE APPLICATION MAY DELAY OR PROHIBIT APPROVAL. MAIL OR FAX COMPLETED APPLICATION TO:

PO Box 99 – 280 Seward Road – Rutland, Vermont 05702
Tel. 802-773-3738 Fax: 802-773-7657 Web: www.foleydistributing.com