



100 West Road  
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## APPLICATION FOR CREDIT

(Please print legibly)

Legal Name of Business: \_\_\_\_\_ Date: \_\_\_\_\_  
 DBA Name : \_\_\_\_\_  
 Physical Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Billing Address (if different): \_\_\_\_\_  
 E-mail Address: (Sales): \_\_\_\_\_ (Billing) : \_\_\_\_\_  
 Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
 Would you like to receive invoices by (please circle one): E-mail / US Mail / Fax  
 Invoices are to be sent to the attention of: \_\_\_\_\_

### NAME & TITLE OF PRINCIPALS:

Name	Title	Address	Phone

Nature of Business: \_\_\_\_\_  
 Sales Tax Status (please circle one): Taxable / Exempt # \_\_\_\_\_ (Attach Exemption Certificate to this form)  
 Federal ID #: \_\_\_\_\_ In Business Since: \_\_\_\_\_ Dun and Bradstreet # : \_\_\_\_\_  
 Business Structure (please circle one): Corporation / Partnership / Sole Proprietor / Government / University / Other: \_\_\_\_\_

### BANK REFERENCES:

Bank Name	Address	Account #	Phone

Bank Contact Person: \_\_\_\_\_

### TRADE REFERENCES:

Name	Address	City / State / Zip	Phone	Account #

I hereby give approval for the release of my banking and credit information from my Bank and Trade References, above, to Standard of New England for the sole purpose of the meaningful completion of this Application for Credit.

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

*Please note: All employees of your business are authorized to charge on this account unless we are notified in writing.*

I/We authorize the person or firm to whom this application is made to investigate the references listed pertaining to my/our credit responsibility. Furthermore, I agree to the terms of sale and return policy of STANDARD OF NEW ENGLAND, LLC. I shall pay to the seller all reasonable costs of the collection of money due and payable, including but not limited to attorney fees. STANDARD OF NEW ENGLAND, LLC may at any time suspend or revoke any credit extended if, in its opinion, the buyer's financial condition or any other circumstances reasonably warrant. APPLICANTS' SIGNATURE(S) ATTESTS FINANCIAL RESPONSIBILITY AND THE ABILITY AND WILLINGNESS TO PAY INVOICES IN ACCORDANCE TO THE TERMS STATED IN THE ACCEPTANCE LETTER. A finance charge of 1.5% per month (18% per annum) will be applied to all past due invoices monthly.

Authorized Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

### INDIVIDUAL GUARANTEE OF PAYMENT

The undersigned, hereby being the principal(s) of the above business applicant, in consideration of extending credit to the applicant based upon this application, jointly and severally, individually, unconditionally guarantee(s) payment of any and all present or future obligations and indebtedness which the applicant has incurred or shall incur to STANDARD OF NEW ENGLAND. The undersigned further agrees to pay all reasonable costs, collection fees, attorney fees and expenses incurred in the event of failure of applicant to pay all obligations and indebtedness when due.

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

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

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