

S&F Supplies

t: 718.399.3333 **f:** 718.399.3375 **e:** sales@sfsupplies.com

w: sfsupplies.com

Remittance Address

S&F Supplies P. O. Box 050071 Brooklyn, NY 11205-5071

Customer Application

COMPANY INFO	NEW ACCOUNT ACCOU	JNT UPDATE	
Company Name:	Phone		
Parent Company Name (If subsidiary)	Fax		
Billing Address	Email		
CityState	Zip Website	Website	
Shipping Address	Resale #		
CityState	Zip Copy of resale certificate required		
CONTACT INFO			
Owners Name	Accounts Payable Rep		
Title	PhoneExt.		
Email	Email		
PhoneExt	Purchasing Rep		
Cellphone	PhoneExt		
	Email		
COMPANY DETAILS			
Typeof industry you're serving	Are you affiliated with any other distributer?	☐ Yes ☐ No	
Est. annual purchase	Have you done business with S&F in the past?	☐ Yes ☐ No	
Years in business	How did you hear about S&F?		
Years at location	Are you looking for credit terms?		
Comments:			
PAYMENT INFO			
Name on Card	ExpCVV		
Card Number	• •		

I hereby authorize S&F Supplies to charge my credit card listed above for all purchases and charges. I agree that if I have a problem or question regarding my order, I will first contact S&F Supplies for assistance before disputing the charges through my credit card issuer. I warrant that I am the authorized cardholder for the credit card account indicated above, that funds are available and that I will perform the obligations set forth in the cardholder's agreement with the credit card issuer. This authorization will remain in effect until it is specifically revoked in writing. It is the responsibility of the cardholder to notify S&F Supplies of the new expiration date when a credit card has been renewed, or if a card has been cancelled or revoked.



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By: Officer of DEBTOR CO (credit applicant)

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Application Continued

BANK REFERENCE Bank Name Contact Person Contact Email Address _____ City State Zip Phone_____ Type of Account _____ Blank check marked VOID from this account required TRADE REFERENCE Name _____ Name _____ Address_____ _____ State _____ State Zip Zip Phone______Fax _____ Phone_____Fax _____ Contact Person Contact Person _____ Contact Email Contact Email Address Address City _____ State Zip __ City _____ State Zip Phone_____Fax ____ Phone_____Fax _____Fax Contact Person Contact Person _____ Contact Email Contact Email _____ CONFIRMATION OF INFORMATION ACCURACY AND PERSONAL GUARANTEE Personal Guaranty: I personally guarantee payment to you of any charge that my company incurs to you. This guaranty may not be revoked without your written consent. Billing: Any billing/invoice from you shall be deemed conclusive proof of its contents unless written objection to it is received by you within 30 days of its issuance PAST DUE BALANCES In consideration for the extension of credit, said business promises to pay for all purchases within the terms agreed______and agrees to pay a service charge per month of 1-1/2% per month (18% annual percentage rate) on all past due balances. In the event any third parties are employed to collect any outstanding monies owed by said business the undersigned agrees to pay reasonable collection costs, including attorney fees, whether or not litigation has commenced, and all costs of litigation incurred. The undersigned represents that he/she has the authority to execute this credit agreement on behalf of the business identified. Security Interest. To secure payment to S&F Supplies of any sums due, DEBTOR CO (credit applicant) ______ hereby grants to S&F Supplies. a security interest in all accounts, receivables, contract rights, proceeds, and choses, or other sums due, now, or hereafter acquired. Upon any default in payment DEBTOR CO (credit applicant) authorizes S&F Supplies to file a financing statement of this secured interest. Print Name Date Signature Required____