



6424 East Taft Road
 Syracuse, NY 13057
 800-333-1682
 315-463-1812 Fax

Official Use Only	
Account #	
Approved By	
Terms	
Credit Limit	
Price Code	

Account and Credit Application

Business Name _____

Doing Business As _____

Shipping Address _____

County _____
 Mailing Address if Different From Shipping _____

Address _____

Phone _____ Fax _____

Company E-Mail (Used to send promotional information leave blank if you do not want to receive this information)

Accounts Payable E-Mail (Used for communication about invoices, statements, and other accounting questions)

Year Business Established _____ At Present Location _____

Business Type Corporation _____ Proprietor _____

Partnership _____ Individual _____

Business License # _____ Federal ID _____

Type of Business Parts _____ Sales _____ Service _____ Other _____

Principals

Name _____ Title _____

Home Address _____

Name _____ Title _____

Home Address _____

Name _____ Title _____

Home Address _____

Method of Payment Requested

COD _____ Visa/Master Card _____ Exp. Date _____

Ever Filed for Bankruptcy? _____

Open account _____ Desired Credit Limit _____ Need References and Guaranty
MUST be signed for Open Account

References

Bank Reference

Name _____
Address _____
Phone _____ Fax _____
Contact Person _____ Account # _____

Trade References

Name _____
Address _____
Phone _____ Fax _____

Name _____
Address _____
Phone _____ Fax _____

Name _____
Address _____
Phone _____ Fax _____

I certify that all the above information, submitted to Foland Sales Inc., is correct. This information will be kept strictly confidential and used for the purpose of securing credit. As the applicant, I authorize investigation of credit worthy and agree that payment be made according to the terms Net 30 unless otherwise specified on the invoice.

Signature _____ Title _____ Date _____

Do You Accept Automatic Back Orders	Yes	_____	No	_____
Do You Require Purchase Order Numbers	Yes	_____	No	_____
Do You Require Price Stickers	Yes	_____	No	_____
Would You Like To Have Your Statements E-Mailed To You?	Yes	_____	No	_____

Authorized Purchasers

Full Name _____

Guaranty

For all in consideration of your extending credit at my request to (insert name of company) _____, individually and personally guarantee payment of any obligation of the Customer whenever Customer shall fail to pay the same plus interest on delinquent sums due at the highest amount allowed by law, and in the event that account is placed for collections, reasonable attorney fees. It is understood that this guaranty shall be continuing and irrevocable guaranty and indemnity for such indebtedness of the customer. I do hereby waive notice of default, non-payment and notice thereof and consent to any modification or renewal of the hereby guaranteed.

Guarantor Signature _____ Print _____

Home Address _____ Witness _____

City/State _____ Address _____

Home Phone _____ City/State _____