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410-526-7701  
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Westminster MD 21157  
410-876-2118  
FAX 410-876-9329

www.btplumbingsupply.com

## CONFIDENTIAL CREDIT APPLICATION and BILLING INSTRUCTIONS

Legal name of Business \_\_\_\_\_ Office Phone \_\_\_\_\_

Address \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_

Contact Person \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email address \_\_\_\_\_ FAX \_\_\_\_\_

Years in business \_\_\_\_\_ Fed ID # \_\_\_\_\_ Annual Sales \_\_\_\_\_

Corporation     Partnership     Sole Proprietorship     LLC     Other \_\_\_\_\_

Type of Business \_\_\_\_\_ Estimated purchases from BT Plumbing Supply Inc \_\_\_\_\_

Wholesale     Retail     Industrial     Other \_\_\_\_\_

Bank Name \_\_\_\_\_ Account # \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_ FAX \_\_\_\_\_

D&B \_\_\_\_\_ MCH \_\_\_\_\_ SIC \_\_\_\_\_ Accounts Payable Contact \_\_\_\_\_

Surety Company when used for bonding \_\_\_\_\_ Phone \_\_\_\_\_

Tax Exempt  NO     YES (Please attached copy of Exempt certificate )

### Principal Owner (s) and Officer (s)

Name \_\_\_\_\_ Title \_\_\_\_\_ Home Address \_\_\_\_\_

Phone \_\_\_\_\_ SSN \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ Home Address \_\_\_\_\_

Phone \_\_\_\_\_ SSN \_\_\_\_\_

Prior Businesses \_\_\_\_\_

### References / Suppliers

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

FAX \_\_\_\_\_ Account Number \_\_\_\_\_ Average Monthly Purchases \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

FAX \_\_\_\_\_ Account Number \_\_\_\_\_ Average Monthly Purchases \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

FAX \_\_\_\_\_ Account Number \_\_\_\_\_ Average Monthly Purchases \_\_\_\_\_

Special Billing Requests

Purchase orders required?  YES  NO Job name required?  YES  NO Show Prices on pick tickets?  YES  NO

Other Instructions: \_\_\_\_\_

It is the responsibility of the applicant to inform BT Plumbing Supply INC. of employees currently eligible to purchase materials

**TERMS of this application.....NET 30 Days**

We agree that past due accounts are subject to a finance charge at the rate of 2% per month on unpaid balance after 30 days plus cost of collection and attorney fees. Returned materials are subject to a restocking fee and there are no returns on special orders.

We certify that all of the information provided is correct and authorize our trade references to provide any information about our account that is requested. We believe that our firm is financially able to meet any obligations that we make, and agree to pay any invoices within terms set. Additionally, we authorize our bank officer to provide BT Plumbing Supply Inc. with credit information and the status of our account (s) at their bank.

Any facsimile of this certification and authorization shall be considered the same as the original when provided to any requesting party.

Signed \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Signing party \_\_\_\_\_

**Personal Guaranty**

For, and in consideration of BT Plumbing Supply, Inc, extending credit at the request of the undersigned to \_\_\_\_\_ (Company) , the undersigned hereby personally guarantees to BT Plumbing Supply, Inc. the payment of any obligation of the Company and the undersigned hereby agree to pay BT Plumbing Supply Inc. on demand, without offset, any sum which may become due to BT Plumbing Supply Inc. by the Company whenever the Company shall fail to pay the same, and further agree to pay all of the costs of collection, including attorney fees. It is understood that this guaranty shall be a continuing and irrevocable guaranty and indemnity for such indebtedness of the Company. The undersigned hereby agree to waive the Homestead exemption, notice of acceptance hereof, notice of presentment, demand, non-payment, dishonor and protest, and consents to waive notice of any modification, amendment or extension of the terms of the credit agreement hereby guaranteed..

I /We agree to all of the terms and conditions as stated in the above Credit Application and Billing Instructions . Any facsimile of this certification and authorization shall be considered the same as the original.

Date submitted \_\_\_\_\_

Signature \_\_\_\_\_ Print \_\_\_\_\_ SSN \_\_\_\_\_

Signature \_\_\_\_\_ Print \_\_\_\_\_ SSN \_\_\_\_\_

( Partner or Spouse )

Witness \_\_\_\_\_ Print \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_