



Corporate Headquarters
795 Marshall Avenue
PO Box 1099
Williston, VT 05495
802-658-1700
802-862-6076 fax

Southern New England Branch
65 Leicester Street
N. Oxford, MA 01537
508-499-1950
508-499-1955 fax

Central New York Branch
751 County Route 37
Central Square, NY 13036
315-676-2008
315-676-2422 fax

Eastern Pennsylvania Branch
7096 Carlisle Pike
Carlisle, PA 17015
717-795-0700
717-795-0701 fax

CREDIT APPLICATION

APPLICANT:

BUSINESS NAME _____ **DATE** _____

ADDRESS _____ **CITY/STATE/ZIP** _____

TELEPHONE _____ **E MAIL** _____ **E.MAIL FOR STATEMENTS** _____

SOLE PROPRIETORSHIP () PARTNERSHIP () CORPORATION ()

COMPLETE THE FOLLOWING IF SOLE PROPRIETORSHIP:

OWNER'S NAME _____ **CITY/STATE/ZIP** _____

ADDRESS _____ **HOME PHONE** _____

COMPLETE THE FOLLOWING IF PARTNERSHIP OR CORPORATION:

NAME _____ **NAME** _____

TITLE _____ **TITLE** _____

ADDRESS _____ **ADDRESS** _____

PHONE _____ **PHONE** _____

PLEASE USE SEPARATE SHEET FOR ADDITIONAL PARTNERS GIVING SAME INFORMATION AS ABOVE

ALL APPLICANTS COMPLETE THE FOLLOWING:

TYPE OF BUSINESS _____ **DATE STARTED/INCORPORATED** _____

IS BUSINESS TAX EXEMPT? Y () N () **STATE SALES TAX NUMBER** _____
(COPY OF TAX EXEMPT CERTIFICATE IS REQUIRED)

FEDERAL ID NO./SOCIAL SECURITY NO. _____ **WILL PURCHASE ORDERS BE ISSUED? Y () N ()**

CREDIT LIMIT REQUESTED _____

PLEASE LIST THOSE AUTHORIZED TO SIGN _____

GUARANTOR(s):

PERSONAL _____

CORPORATE _____

TITLE _____

TITLE _____

ADDRESS _____

ADDRESS _____

PHONE _____

PHONE _____

E MAIL _____

E MAIL _____

REFERENCES:

BANK NAME _____ BANK NAME _____

CONTACT: _____ CONTACT: _____

ADDRESS _____ ADDRESS _____

CITY/STATE/ZIP _____ CITY/STATE/ZIP _____

PHONE _____ PHONE _____

E-Mail Address: _____ E-Mail Address _____

ACCOUNT NUMBER _____ ACCOUNT NUMBER _____

TRADE NAME _____ TRADE NAME _____

ADDRESS _____ ADDRESS _____

CITY/STATE/ZIP _____ CITY/STATE/ZIP _____

PHONE _____ PHONE _____

ACCT NUMBER _____ ACCT NUMBER _____

CONTACT NAME _____ CONTACT NAME _____

TRADE NAME _____ TRADE NAME _____

ADDRESS _____ ADDRESS _____

CITY/STATE/ZIP _____ CITY/STATE/ZIP _____

PHONE _____ PHONE _____

ACCOUNT NUMBER _____ ACCOUNT NUMBER _____

CONTACT NAME _____ CONTACT NAME _____

TERMS AND CONDITIONS: The terms and conditions set forth below shall be the only terms and conditions that define the agreement between Applicant, Guarantor, and Grantor/Creditor.

- CREDIT LIMIT.** Your credit limit will be set by us when your application is approved and from time to time thereafter you may request a limit, which we will review, based upon available credit information. You agree not to permit the total amount owed to us to exceed your credit limit. In the event you exceed your credit limit, the excess shall become immediately due and payable at our option, to the extent permitted by applicable law and shall be subject to the terms of the Agreement.
- ACCOUNT TERMS.** Payment Terms are Net 30 on all balances.
- FINANCE CHARGE.** You agree to pay a finance charge for late payments. Finance charges are 18% per annum, assessed as 1.5% per month of unpaid balances due.
- DEFAULT.** If you fail to make any payment as agreed and continue not to make payments after receiving any notice that may be required by the law or your state, if you file for bankruptcy, or if you die, we have the right to demand immediate payment of the full unpaid balance on your Account, and suspend or terminate your privilege to charge new amounts to your Account without notice.
- COLLECTION COSTS.** Should we incur court costs in collecting past due amounts on your account, you will pay those costs including reasonable attorney's fees, as permitted by state law.
- GUARANTOR:** Required for new accounts at the discretion of the CRW Corp.
- RETURNED CHECK FEE.** Should we incur costs in depositing your check(s) for amounts due on your Account, then we may charge your Account a reasonable returned check fee for each such returned check to the extent permitted by applicable law.

8. **ALL RETURNS.** Returns are subject to a 15% charge, at our discretion.

9. **INQUIRIES AND CONTACT INFO.** If you have any billing or other inquiries about your Account, you can write to CRW Corp., at the address on your monthly billing statement or call (802) 658-1700. You understand that a telephone inquiry will not preserve your rights to dispute billing errors under federal and state law.

APPLICANT(S) AND GUARANTOR(S), IF APPLICABLE, AGREE TO PAY ACCOUNT BALANCES ON TIME AND IN FULL. BY SIGNING BELOW, YOU AGREE TO ALL OF THE TERMS OF THIS AGREEMENT AS WELL AS ALL TERMS AND CONDITIONS OF SALES AND RENTAL CHARGES AND YOU ACKNOWLEDGE THAT YOU HAVE READ THIS AGREEMENT.

APPLICANT(s):

SIGNED _____

TITLE _____

PRINT NAME _____

DATE _____

SIGNED _____

TITLE _____

PRINT NAME _____

DATE _____

SIGNED _____

TITLE _____

PRINT NAME _____

DATE _____

SIGNED _____

TITLE _____

PRINT NAME _____

DATE _____

GUARANTOR(s):

SIGNED _____

TITLE _____

PRINT NAME _____

DATE _____

SIGNED _____

TITLE _____

PRINT NAME _____

DATE _____