

**APPLICATION FOR CREDIT/PURCHASING**

**Note: In order to be considered for terms the following application must be filled out in its entirety and all information must be factual, current and accurate. Send completed signed forms to us via email: [customerservice@discountshelving.com](mailto:customerservice@discountshelving.com) or fax: 1-631-667-6284.**

**General Information:**

**Date:**

Credit Line Desired: \$ \_\_\_\_\_ .00

Legal Name (Bill To): \_\_\_\_\_

Phone: \_\_\_\_\_

Trade Name/DBA (if different) \_\_\_\_\_

Fax: \_\_\_\_\_

Address \_\_\_\_\_

Email: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Website: \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_

AP Phone: \_\_\_\_\_

Name of Principals \_\_\_\_\_

Type of Organization:  Corporation  Proprietorship  Partnership  Limited Partnership  
 Financial  Government  Healthcare  School/ University  Non-Profit

Year Established: \_\_\_\_\_ DUN number: \_\_\_\_\_ Industry/Business Type: \_\_\_\_\_

**Banking Information:**

Bank/Creditor Name \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

Fax \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Account Number \_\_\_\_\_

Contact Person \_\_\_\_\_

**Trade Reference (3):**

(1) Company/Organization Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Contact: \_\_\_\_\_

Fax: \_\_\_\_\_

Address \_\_\_\_\_

Email: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

(2) Company/Organization Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Contact: \_\_\_\_\_

Fax \_\_\_\_\_

Address \_\_\_\_\_

Email: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_



**APPLICATION FOR CREDIT/PURCHASING**

(3) Company/Organization Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Contact: \_\_\_\_\_ Fax: \_\_\_\_\_  
Address \_\_\_\_\_ Email: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**STATEMENT OF POLICY REGARDING ACCOUNT:**

**Terms**

Credit terms are Net 30. In consideration of open account terms with Discount Shelving, Inc., applicant agrees to all terms and conditions as set forth herein. This application and information contained herein is accurate and is a request for credit. Discount Shelving, Inc. reserves the right to withdraw credit privileges at any time. If the account is not paid within terms, Discount Shelving, Inc. has the option of placing the account on credit hold or closing the account.

**Interest & Service Charge Policy**

If credit is extended; (I), (We), agree to strictly abide by the terms of sale and the policies set forth in this application. It is the policy of Discount Shelving, Inc., to charge an amount equal to one and one-half percent (1½ %) at the end of each month, on invoices which are past due under the terms of sale and which are unpaid at the time. Applicable interest & service charges will become a part of this account and will be included in the next payment after being assessed.

**Verification of Credit Information**

Applicant agrees that in the event the grantor of credit deems it necessary to take precautionary measures to secure the amounts represented by the account and/or to employ other services in an effort to collect such amounts, all costs of same shall be added to and become a part of the account. They shall, at the time they are added, become a part of the applicant's obligation for the account, provided that such efforts shall be reasonable in nature and the charges shall be reasonable in amount. Applicant authorizes any bank or business with which they have current or inactive experience, to give any and all necessary information to Discount Shelving, Inc., which will assist in the credit investigation. Applicant also agrees to the pulling of a personal credit report if it is warranted.

**Collection Fees**

Applicant hereby agrees to pay all collection fees, including court costs and attorneys fees should this account be placed for collection at any time for any reason. Applicant also agrees that should litigation become necessary, jurisdiction will be in Suffolk County, New York.

**Cancellation of Credit**

It is understood that should the applicant allow an invoice to remain unpaid for sixty (60) days from its date, credit may, at the option of the grantor, and with no prior notice except this statement, be revoked. All charges to this account will become due and payable immediately regardless of the terms of sale, unless otherwise specifically agreed to in writing by the grantor. Any failure of grantor to exercise its option to take such action will not constitute a waiver and will not be a precedent for future action.

**STATEMENT OF ACCURACY AND PERMISSION TO VERIFY**

I hereby certify that the information contained in this credit application is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

**IMPORTANT TO APPLICANT: PLEASE READ THIS PAGE BEFORE SIGNING**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name: \_\_\_\_\_ Title: \_\_\_\_\_