

**M & J SUPPLY CO., INC.**

185 Union Avenue  
Providence, RI 02909

(owner)  
SOLE PROPRIETOR   
CORPORATION   
PARTNERSHIP   
(check one)

CO. FORMED IN: \_\_\_\_\_, 20\_\_\_\_  
(give state and year)

Please print all information.

**APPLICATION FOR CREDIT**

And Agreement of Business Terms

Credit limit desired: \$ \_\_\_\_\_

COMPANY NAME			TYPE OF BUSINESS		
BUSINESS ADDRESS		CITY	STATE	ZIP CODE	TELEPHONE
CELL PHONE	FAX	E-MAIL ADDRESS			
<b>FILL OUT IF SOLE OWNER OR PARTNERSHIP</b>			<b>FILL OUT IF CORPORATION</b>		FED. TAX I.D. NO.
OWNER'S PARTNER'S NAME		SOC. SECURITY #	OFFICER'S NAME		TITLE SOC. SECURITY #
HOME ADDRESS		SPOUSE'S NAME	HOME ADDRESS		SPOUSE'S NAME
CITY	STATE	ZIP	HOME TELEPHONE	CITY	STATE ZIP HOME TELEPHONE
PARTNER'S NAME		SOC. SECURITY #	OFFICER'S NAME		TITLE SOC. SECURITY #
HOME ADDRESS		SPOUSE'S NAME	HOME ADDRESS		SPOUSE'S NAME
CITY	STATE	ZIP	HOME TELEPHONE	CITY	STATE ZIP HOME TELEPHONE
<b>REAL ESTATE</b> <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL	ADDRESS		MORTGAGE HOLDER		ACCOUNT #
	CITY	STATE	DATE PURCHASED	MORTGAGE AMOUNT OWING:	
<b>REAL ESTATE</b> <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL	ADDRESS		MORTGAGE HOLDER		ACCOUNT #
	CITY	STATE	DATE PURCHASED	MORTGAGE AMOUNT OWING:	
<b>REAL ESTATE</b> <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL	ADDRESS		MORTGAGE HOLDER		ACCOUNT #
	CITY	STATE	DATE PURCHASED	MORTGAGE AMOUNT OWING:	
<b>TRADE REFERENCES — CHARGE ACCOUNTS ONLY</b>					
SUPPLIER'S NAME		CITY, STATE	TELEPHONE	NO. OF YEARS	AVERAGE MONTHLY CHARGE
<b>BANK ACCOUNTS</b>	BANK NAME AND BRANCH			TYPE OF ACCOUNT	ACCOUNT #
<b>ATTORNEY</b>			<b>ACCOUNTANT</b>		
NAME			NAME		
ADDRESS			ADDRESS		
TELEPHONE			TELEPHONE		

The applicant firm (check one)  is now or was previously,  is *not* and *never* has been, the subject of any judgment, attachment, bankruptcy, receivership or other legal or credit proceedings. Give details on reverse side.

Any investigations deemed necessary from time to time to evaluate or update any evaluation of this application are hereby authorized. The applicant firm hereby authorizes and directs its accountant to furnish copies of balance sheets and financial statements requested by you from time to time.

The applicant firm hereby agrees that all purchases shall be in accordance with and subject to your terms and conditions of sale only, as may be set forth in your sales order, invoices and any other documents from time to time.

The applicant firm hereby agrees to pay all invoices in accordance with the terms stated on such invoices and further, to pay a finance charge of 1½% per month (annual percentage rate of 18%), or such other rate as may be set by you from time to time, on the outstanding balance of any invoice not paid on or before the due date indicated in such invoice. All payments shall be applied first to unpaid finance charges, and then to outstanding balances for goods purchased. In the event of a default in the payment of any invoice when due, the applicant firm further agrees to pay all costs of collection, including, without limitation, attorneys' fees of not less than 25% of the total amount due.

The individual(s) signing below hereby certify that the applicant firm has the power and proper authority to make this application and further that such individual(s) is(are) duly authorized and legally empowered to submit and execute this application on behalf of the applicant firm.

\_\_\_\_\_ Date

\_\_\_\_\_ Applicant Firm

By: \_\_\_\_\_

And \_\_\_\_\_

**SEE REVERSE SIDE FOR GUARANTY**