



250 Old Marlton Pike • Medford, New Jersey 08055  
609-714-2424 • Fax: 609-714-3030 • www.delvel.com

**BUSINESS CREDIT APPLICATION**

Date \_\_\_\_\_

**Type of Business:** \_\_\_\_\_ Sole Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation

Legal Name of Corporation, Partnership or Proprietorship \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

Years in existence: \_\_\_\_\_ If corporation: State Incorporated In \_\_\_\_\_ Federal Tax ID # \_\_\_\_\_

Names of persons authorized to charge on this account: \_\_\_\_\_ / \_\_\_\_\_

**Principals:**

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

Address \_\_\_\_\_  
Street City State Zip

Social Security # \_\_\_\_\_ Position: \_\_\_\_\_

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

Address \_\_\_\_\_  
Street City State Zip

Social Security # \_\_\_\_\_ Position: \_\_\_\_\_

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

Address \_\_\_\_\_  
Street City State Zip

Social Security # \_\_\_\_\_ Position: \_\_\_\_\_

**Credit References:**

1.- Bank: Name \_\_\_\_\_ Phone: \_\_\_\_\_ Acct # \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

2.- Supplier: Name \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

3.- Supplier: Name \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

4.- Supplier: Name \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I certify that the above information is true and correct, that I have authority to execute this application on behalf of applicant and agree to pay this account in accordance with the following credit terms. Accounts not paid when due as agreed may lose charge privileges. Past due accounts will be subject to a service charge of 1 1/2% per month, which is an annual percentage rate of 18%. If I do not pay any amounts due, you may demand (1) all amounts I owe, (2) interest on all amounts due but unpaid at the rate set forth herein, and (3) reasonable attorney's fees and court costs. I agree to pay for all charges incurred on this account and agree that any addition or deletions will be made in writing. I authorize you to verify this information and/or obtain additional information by securing data from a credit reporting agency or my bank. Your signature below means that in consideration of our company extending credit, you agree to the terms contained herein. This agreement and all sales transactions shall be governed under the laws of the State of NJ, and you agree that the Superior Court of N.J. shall be entitled to exercise jurisdiction over any and all claims by and between the parties.

Signed \_\_\_\_\_ Position \_\_\_\_\_

**PERSONAL GUARANTEE FOR CORPORATION OR COMPANY ACCOUNTS**

In consideration for the credit extended to the above-listed corporation or company, the undersigned hereby guarantees and agrees to be personally liable for all indebtedness incurred by the corporation or company for any sums of money as may now be due or may hereafter become due.

Signed \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_