



TRI-CITY
 INSULATION DISTRIBUTORS, INC.
 501 S. Park Avenue • Linden, NJ 07036-1103
 (908) 925-2323 • Fax (908) 925-2240



Date _____

Please complete entire application to avoid delays in processing.

Salesmen _____

1. Business Name _____

2. Trade Name _____
 (If different from company name)

3. Business address: _____
 (Street) (P.O. Box)

 (City, State, Zip)

 (Phone) (Fax)

4. Business is a: (please check one)

Corporation

Partnership

Sole Proprietorship

Limited Partnership

5. Please supply the following information regarding sole proprietors, officers, partners, or others affiliated with this business:

A. _____
 (Full Name) (Title) (Resident Address)

 (Phone) (Driver's License No.) (Social Security No.)

B. _____
 (Full Name) (Title) (Resident Address)

 (Phone) (Driver's License No.) (Social Security No.)

C. _____
 (Full Name) (Title) (Resident Address)

 (Phone) (Driver's License No.) (Social Security No.)

6. Persons to contact regarding payment:

 (Name) (Title) (Phone/Fax)

 (Name) (Title) (Phone/Fax)

7. Bank References:

 (Institutions Full Name) (Branch)

 (Address) (City, State, Zip)

 (Account Representative) (Phone & Fax)

 (Account No.) (Checking) (Savings) (Loan)

8. Principal supplies/Trade references:

_____	_____	_____	_____
(Full Name)	(Address)	(City, State, Zip)	(Phone & Fax)
_____	_____	_____	_____
(Full Name)	(Address)	(City, State, Zip)	(Phone & Fax)
_____	_____	_____	_____
(Full Name)	(Address)	(City, State, Zip)	(Phone & Fax)
_____	_____	_____	_____
(Full Name)	(Address)	(City, State, Zip)	(Phone & Fax)

9. Is business NJ/NY sales tax exempt? (if yes, please attach exemption certification)

10. Assets and Liabilities (current prepared financial statement applicable)

Cash_____	Current Debts_____	Accounts Receivable_____
Long Term Debt_____	Inventory_____	Other Assets_____
Net Worth_____		

11. Payment of invoices is due within 30 days of date of the invoice. A service charge of 1.5% monthly is imposed on overdue balances. If account is referred to an attorney or other collection agency, a charge of 20% of the balance due, including service charges, will be imposed.

Applicant agrees that the terms of the preceding paragraph are acceptable and warrants that the information provided is true. Applicant understands that the information provided will be relied upon as an inducement to obtain credit for purchases.

Applicant agrees that any person, unless otherwise noted, is authorized to make purchases on the credit terms as above in the name of the applicant. If purchases on the credit are restricted, the person(s) who must authorize the purchases are:

and can be reached at _____ (Phone)

is authorized to make inquiry to trade references and banks, and to any other entities, regarding the credit-worthiness of applicant, and to respond to inquires of others regarding credit experience with applicant.

12. Applicant's Business Name: _____

****This area must be signed. We cannot process without signature.**

(Signature)

(Please Print)

(Title)

As an inducement to TRI-CITY – THERMAL MATERIALS – INSULATION MATERIALS to extend credit to applicant, I, in my individual capacity, personally guarantee payment of applicant of all invoices, together with the services, charges and attorneys charges imposed as set forth previously. This guarantee is a continuing obligation for all purchases made by applicant and is not terminated until TRI-CITY – THERMAL MATERIALS – INSULATION MATERIALS actually receives notice in writing of termination, either in person, personal courier, or registered/returned receipt postage. The inclusion of my corporate title, if any, as part of my signature or execution of this guarantee shall not relieve me of my personal obligation.

(Signature)

(Please Print)

(Address)

(Phone)