



FAX OR MAIL
CREDIT APPLICATION TO:

Eastern Marketing Corp.
Attn: Credit Department
24 Eisenhower Parkway
Roseland, New Jersey 07068
PHONE: 973-403-8900 FAX: 973-403-9814

CREDIT APPLICATION & AGREEMENT

Name: _____ Phone: _____
Street: _____ Fax: _____
City: _____ State: _____ Zip: _____
Firm is a: (1) Corporation (2) Proprietorship (3) Partnership

Business Started: _____ Type of Business: _____ **Tax Exemption Form Must Be Enclosed**

Firm is a: Branch Division Subsidiary

Of (Parent Co.): _____ Accts. Payable Mgr.: _____
Street: _____ Phone: _____
City: _____ State: _____ Zip: _____

Name of Owners, Partners or Officers & Titles

Name: _____ Name: _____
Home Address: _____ Home Address: _____
City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____
Social Security #: _____ Social Security #: _____

BANK REFERENCES

Name	Address	Phone	Fax	Acct. #
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____

TRADE REFERENCE INFORMATION

Name	Address	Phone	Fax	Acct. #
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Type of account applying for: COD NET Floor Plan Other: _____

This information and statements contained herein and which may be attached hereto are true and complete and are made for the purpose of inducing Eastern Marketing Corp. to establish a line of credit for the applicant. Eastern Marketing Corp. is hereby authorized to obtain any information they may consider necessary from any source. We further agree that if the merchandise ordered remains unpaid past the due dates, an interest charge at the rate of 1.5% per month will be added until paid.

Authorized Signature: _____ Date: _____
Title: _____ Sales Rep.: _____

PERSONAL GAURANTY

I, (Individual) _____ for and in consideration of your extending credit, at my request, to (Company) _____ hereby personally guarantee to Eastern Marketing Corp payment of obligation of the above named company and, I hereby agree to bind myself to pay you on demand, any sum which may become due to you by the company whenever the company shall fail to pay the same. It is understood that this guarantee shall be a continuing, absolute and irrevocable guaranty and indemnity for such indebtedness until credit grantor receives revocation in writing.

_____ as individual _____
Legal Signature Social Security # Date