

To process credit application (pg. 1&2) properly, please fill out application completely. For faster service, call your credit references to inform them Wilcor will be faxing for a credit check. Credit is based on approval of corporate financial advisor's approval.

Page 2 "Personal Guarantee Form" Must be completely filled out for application to be accepted.

Acct.#: _____ Territory: _____

Name of Business: _____ Credit Limit Requested: \$ _____

Mail to Address: _____ City: _____ State: _____ Zip: _____

Ship to Address: _____ City: _____ State: _____ Zip: _____

Telephone: (____) _____ - _____ Fax: (____) _____ - _____ Email: _____

How long have you owned this Business?: _____ How long at above address?: _____ Is your firm a Corporation Proprietorship LLC

Do you have Multiple Locations?: _____ If so attach list of properties on business letterhead.

Tax Certificate attached

County and state firm registered in: _____ Tax ID#: _____ (Tax Certificate **Must** be Attached)

Name of Owner: _____ Telephone: (____) _____ - _____ SS#: _____

Mail to Address: _____ City: _____ State: _____ Zip: _____

AltPhone #: (____) _____ - _____ Fax: (____) _____ - _____ Email: _____

Acct.PayableContact: _____ Telephone: (____) _____ - _____ Email: _____

Would you like statements **Mailed, Faxed, or Emailed** (circle one) Winter Address: _____

Other Partners or officers

Name: _____ Address: _____ City: _____ State: _____ Zip: _____

Name: _____ Address: _____ City: _____ State: _____ Zip: _____

BusinessBank: _____ Account Number: _____

Phone: (____) _____ - _____ Fax: (____) _____ - _____

Trade References (Minimum 3 Required- Suppliers Only, No Utilities) Fill out below or attach trade sheet.

1. Name _____ Telephone: (____) _____ - _____ Fax: (____) _____ - _____

Address: _____ City: _____ State: _____ Zip: _____

2. Name _____ Telephone: (____) _____ - _____ Fax: (____) _____ - _____

Address: _____ City: _____ State: _____ Zip: _____

3. Name _____ Telephone: (____) _____ - _____ Fax: (____) _____ - _____

Address: _____ City: _____ State: _____ Zip: _____

Check One: Ok to ship orders COD while credit is processed, Ship when credit is established.

Terms: Net 30 days (or otherwise noted on invoice); No goods are to be returned without authorization. No sales are made on consignment. Interest charges, on overdue accounts, not paid within terms of invoice, will be charged at the greater of the maximum legal rate (NY) or two percent (2%) per month. In the event Wilcor international Inc. (WILCOR) commences collection proceedings and/or litigations in order to recover any portion of the amount owed by you, its customer, the customer (buyer/purchaser) agrees to pay the balance owed, together with interest as stated herein above, in addition to thirty three and one-third percent (33 1/3%) of the amount or balance owed of the obligations sought (by Wilcor and/or its attorneys or collection representatives), representing collection, legal fees, and court costs. Return check policy: if a check is returned there will be a \$50.00 service charge. Enforcement of any/all collections shall commence in Oneida County, NY in accordance with the laws of the State of NY unless otherwise advised. I understand that the above information that I have given is true and that it may be used to obtain references on which the firm can base credit for my company.

Signature of Store Owner _____ Print Name: _____

Name of Business: _____ Date: _____

INDIVIDUAL PERSONAL GUARANTEE

Date: _____

I, _____, residing at _____
Your Name Your Home Address

(_____) - _____ for and in consideration of your extending credit at my request to _____
Your Home Phone # Name of the Company

(here in after referred to as the company), of which I am _____, hereby personally guarantee to you the payment at
Title

Wilcor International, in the State of New York, of any obligation of the 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 and agreed that this shall be a continuing and irrevocable guarantee and indemnity for such indebtedness of the company. I do hereby waive notice of default, nonpayment, and notice thereof and consent to any modification or renewal of the credit agreement hereby guaranteed. It is further understood and agreed that this guarantee shall be construed in accordance with, and shall be governed by, the laws of the State Of New York, and that venue for the interpretation and/or enforcement there of shall be in Oneida County, New York.

Terms: Net 30 days (or otherwise noted on invoice); No goods are to be returned without authorization. No sales are made on consignment. Interest charges, on overdue accounts, not paid within terms of invoice, will be charged at the greater of the maximum legal rate (NY) or two percent (2%) per month. In the event Wilcor international Inc. (WILCOR) commences collection proceedings and/or litigations in order to recover any portion of the amount owed by you, its customer, the customer (buyer/purchaser) agrees to pay the balance owed, together with interest as stated herein above, in addition to thirty three and one-third percent (33 1/3%) of the amount or balance owed of the obligations sought (by Wilcor and/or its attorneys or collection representatives), representing collection, legal fees, and court costs. Return check policy: if a check is returned there will be a \$50.00 service charge. I understand that the above information that I have given is true and that it may be used to obtain references on which the firm can base credit for my company.

Print Name: _____ Signature: _____

Date: _____ Address: _____

Email: _____ SS# _____

Name of Bank

AUTHORIZATION TO FURNISH BANKING INFORMATION TO WILCOR

(Necessary to process page 1 of application)

To: _____

You are hereby authorized to furnish Wilcor International Inc. with account and credit information in connection with our application for credit with them. Your response is solely a matter of courtesy for which no responsibility is attached to your institution or any of your officers.

Business Name

Authorized Signature

Account #(s)

Date