

CREDIT APPLICATION

RICCIARDI BROTHERS OF DELAWARE, INC.

THE PAINT & DECORATING PEOPLE

1915 Springfield Avenue

Maplewood, NJ 07040

Ph: (973) 762-3830

Fax: (973) 762-3699

Ricciardi Brothers Use Only

Account Number _____ Date _____

Assigned Salesperson _____ Price Code _____

Payment Terms _____ Approved By _____

Approved Credit Limit: \$ _____

PLEASE RETURN THIS ORIGINAL APPLICATION TO THE ADDRESS ABOVE.

CHARGES CANNOT BE MADE TO THE ACCOUNT UNTIL THE ORIGINAL APPLICATION IS RECEIVED, REVIEWED AND APPROVED BY THE HOME OFFICE LOCATED AT THE ABOVE ADDRESS.

TO OUR APPLICANT: It is our goal to provide you with the best and most efficient service available. In order for us to expedite the processing of this credit application, **we request that you complete the application fully, sign in the proper place.** You may fax the application to us **but it is very important that you return the original form to the main office.** Should we require additional information in order to make a fair evaluation; the credit department will notify you. Thank you.

APPLICANT INFORMATION

Business Name _____

Trade Name (if different) _____

Business Address _____

City _____ State _____ Zip _____

Business Phone _____ Fax _____

Cell _____ Email _____

Federal Tax I.D. No. _____

A/P Contact _____ A/P Email _____

A/P Phone & Extension _____

CREDIT APPLICATION

Type of Business: Corporation Partnership Proprietorship LLC Ltd Partnership

Years Established _____ If Incorporated, in what State _____

Place of Business; do you Lease Rent Own

Do you work from Shop Home

Require any of the following (**Please Check**): Purchase Order # on invoice
 Authorized Purchasers (Please provide list)
 Job Site/Address on invoice

Requested Credit Limit: \$ _____

Applicant Trade References

(Must Provide 3; Credit Cards, Bank Loans, Home Depot & Lowes **not** accepted as references)

Name	Account Number	Phone Number	Fax Number

Major Credit Card No _____

This is a Credit Card Debit Card

Expiration Date _____ Security Code _____

Credit Card Billing Street Address _____

Full name as it appears on Credit/Debit Card _____

Statements

You would like your monthly statements Emailed to _____
(Check one) Mailed to address listed on Page 1 of Credit Application

CREDIT APPLICATION

Principal Owner or All Partners

Name _____ Social Security Number _____

Title _____ Driver's License # _____

Cell Number _____ Email _____

Home Address _____ City _____

State _____ Zip _____ Phone Number _____

Name _____ Social Security Number _____

Title _____ Driver's License # _____

Cell Number _____ Email _____

Home Address _____ City _____

State _____ Zip _____ Phone Number _____

****MUST ATTACH A COPY OF DRIVER LICENSE(S)****

Credit Terms

This is to certify that the statements made in this application are true and I (we) agree that Ricciardi Brothers has my (our) authorization to use the information provided on this application for any reason it sees fit, and hereby release them from any liability for the use of the same.

I (We) further agree that Ricciardi Brothers' terms of net are 30 days, any balance not paid within Ricciardi Brothers' terms will be subject to a 1.5% per month (18% annum) finance charge.

I (We) further agree that should any of my (our) bills not be promptly paid and the matter turned over to any attorney for collection, then the sum of 25% of all amounts turned over to the same shall be added to my (our) amount for the collection fee.

The above information is provided for the purpose of obtaining credit and is warranted to be true. I (we) hereby authorize the firm to whom this application is made to investigate the references listed relating to my (our) credit and financial responsibilities.

I (we) hereby authorize the business to whom this application is made to check my individual history in connection with a business transaction involving the firm making this application.

This application shall remain in full force and effect until Ricciardi Brothers has received written notice to create no further transactions under the terms and conditions if this credit application. A certified mail receipt for such notification shall be conclusive evidence of the said receipt of such notice.

Name of Business _____

Signature _____

Signature _____

Name _____

Name _____

Title _____

Title _____

Date _____

Date _____

CREDIT APPLICATION

Personal Guarantee

In consideration of credit which has been extended or may hereafter be extended by Ricciardi Bros, Inc.

(Ricciardi), to _____

With its address at _____

(Business), the undersigned (Guarantor) residing at _____

hereby personally guarantees any and all amounts, which are due or may come due by the business to Ricciardi.

The personal guarantee shall be considered as an absolute continuing and unlimited personal guarantee of payment and Ricciardi Brothers shall not be required to proceed first against the business before proceeding against the Guarantor(s) for payment.

Should Ricciardi have to turn the enforcement of this guarantee over to its attorney, the sum of 25% plus costs and disbursements will be added to the amount due as "Attorney Fees."

This guarantee shall ensure it to benefit of the successor and assigns of Ricciardi Brothers and binds the successors and assigns of the Guarantor(s).

The undersigned personal Guarantor(s), recognizes that his or her individual credit history may be a necessary factor in the evaluation of this personal guarantee, and hereby consents to and authorizes Ricciardi Brothers or it's representative, obtaining and using a Consumer Credit Report on the undersigned from time-to-time as may be needed in the credit evaluation process.

This Guarantee shall remain in full force and effect until Ricciardi Brothers has received written notice to make no further advances on the security of the guaranty. A certified mail receipt for such letter shall be conclusive evidence of the receipt of said notice.

This instrument is intended to be full, complete and perfect guarantee and indemnity to Ricciardi Brothers to the extent of and for any liability of any kind owing by the Applicant to Ricciardi Brothers from time-to-time.

PRINT NAME _____

SIGNATURE _____

SS NUMBER _____ DATE _____

PRINT NAME _____

SIGNATURE _____

SS NUMBER _____ DATE _____