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 papnapa.com
 facebook.com/PAPAUTO

PAP Incorporated / Commercial Credit Application
 392 Providence Road – P.O. Box 753 – Brooklyn, CT 06234
 Branch Location: Plainfield CT

ORIGINAL MUST BE SUBMITTED WITH ALL AREAS OF INFORMATION COMPLETED TO PROCESS APPLICATION

<u>Company Name</u>		<u>DBA</u>	<u>Telephone</u> () - .		
			<u>Fax</u> () - .		
			<u>E-Mail</u> .		
<u>Physical Address</u>		<u>City</u>	<u>State</u>	<u>Zip Code</u>	
<u>Billing Address (if different from Physical Address)</u>		<u>City</u>	<u>State</u>	<u>Zip Code</u>	
<u>Date Business Started</u>	<u>Business Property is:</u> <input type="checkbox"/> Owned <input type="checkbox"/> Leased <input type="checkbox"/> Other (please explain)				
<u>Describe the nature of your company's business:</u>		<u>Do you wish to receive e-mail offers?</u> <input type="checkbox"/> Y <input type="checkbox"/> N	<u>Will you require a purchase order?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<u>Company Organization (check one):</u>					
<input type="checkbox"/> Privately Held Corporation <input type="checkbox"/> Publicly Held Corporation <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Government Agency <input type="checkbox"/> Other (please explain) <input type="checkbox"/> LLC <input type="checkbox"/> Non-Profit Corporation					
<u>Name of Bank</u>	<u>Mailing Address</u>	<u>City</u>	<u>State</u>	<u>Zip Code</u>	<u>Phone Number</u>
				() - .	
<u>Checking Account Number(s)</u>			<u>Name of Bank Officer</u>		
<p>All account billing is processed through any <u>one</u> of our two store locations. You need to indicate which store you expect to frequent most often by checking the box next to that location <u>only</u>. Purchases made at our stores other than the main billing location of your account must receive prior verification of status by telephone with that store before any charges may be authorized. For your convenience please indicate the store you expect to frequent most often:</p> <p>Check <u>only one</u> <input type="checkbox"/> Brooklyn, Ct <input type="checkbox"/> Plainfield, Ct</p>					
<p>All approved accounts are subject to a credit limit. In order to provide you with the most convenient use of your account we use several factors in determining credit limits, including your input with regards to credit needs. To help us in this process please tell us what you anticipate your monthly credit requirements will be.</p> <p>Check <u>only one</u> <input type="checkbox"/> Under \$ 500 <input type="checkbox"/> \$ 500 - \$ 1,000 <input type="checkbox"/> \$ 1,001 - \$ 1,500 <input type="checkbox"/> \$ 1,501 - \$ 2,000 <input type="checkbox"/> \$ 2,000 - \$ 3,000 <input type="checkbox"/> Over \$3,000</p>					
Primary Company Principal (MUST BE COMPLETE)		Do you want to limit purchases to only authorized buyers?* <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list authorized buyers here. Attach a separate sheet if more room is needed:			
<u>Name & Title</u>		_____			
<u>Address</u>		_____			
<u>(include Street, P.O. Box City State & Zip</u>		_____			
_____		_____			
_____		_____			
<u>Social Security No:</u>		_____			
<u>Date of Birth:</u>		_____			

Continued on reverse

Trade References

Please provide us with information about other businesses that currently provide you with an in-house charge account. If there are none please write "None" on the first line of this section:

Business Name Mailing Address City State Zip Code Account Number

Telephone () - Fax () -

Business Name Mailing Address City State Zip Code Account Number

Telephone () - Fax () -

Business Name Mailing Address City State Zip Code Account Number

Telephone () - Fax () -

<u>Corporate EIN Number</u>	<u>How will you pay (check one)?</u> <input type="checkbox"/> By Invoice <input type="checkbox"/> By Monthly Statement Balance
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Credit Agreement – (Requires signature of Owner or Corporate Officer)

Terms of Credit

Payment for all purchases charged in one calendar month is due in full by no later than the twentieth of the following calendar month. No further charge purchases may be made to accounts with past due balances over 30 days. A 1.5% monthly service fee, equal to 18% compounded per annum, will be added to accounts having past due balances over 30 days, with a minimum fee of \$1.00 to be levied. Legal action may be brought to collect accounts becoming 90 days past due and all further charge privileges may be permanently suspended.

Permission to contact

The undersigned hereby authorizes PAP Inc., to contact any and all suppliers, credit and banking providers referenced in this document.

Guaranty of payment

In consideration of PAP Inc., extending credit to the applicant named herein, the undersigned does hereby agree to guaranty payment of any and all debts incurred on behalf of the applicant party on the following basis: 1) For publicly held and non-profit corporations and LLC's who's officers are not self appointed or a government agency, this guaranty is made on behalf of the organization, by an officer of the corporation or representative of the organization authorized to sign for and enter into such an agreement; 2) For privately held and non-profit corporations and LLC's who's officers are self appointed, proprietorships and any other unincorporated entities, this guaranty is made personally by the undersigned individual.

Default Recourse, Photo Copy and Facsimile Copy Agreement

Furthermore, in the event it should become necessary for PAP, Inc., to incur any collection costs or suits to collect this agreement, the undersigned promises, in appropriate and authorized capacity so stated above, to pay such additional costs of collection and such sum as the court may judge reasonable as attorney's fees on said suit. The undersigned agrees that a photo copy and/or facsimile copy of this document will be acceptable in place of the original.

Dated this _____ day of _____, 20____
 Signature of authorized representative: _____ Title: _____
 Print name of person signing: _____
 Signer's Residential Address (physical as well as mailing address) _____
 City: _____ State: _____ Zip Code: _____ Phone: (____) _____ - _____

Office Use Only

Appvl Date: _____ Acct#: _____ Prof: _____ Term Cd: _____ Stmt Cd: _____ PO Req: _____

Crd Ln: _____ Cat#: _____/Description: _____ S tx: Opt Alwy Nver