



Wholesale Plumbing & Heating Supplies

CORPORATE OFFICE:
PO Box 3029, Warminster, PA 18974
Ph: 215-672-8666, Fax: 215-672-8244

FOR INTERNAL USE ONLY

LIMIT _____	D.A.L. _____	BRANCH _____
TERMS _____	APPROVED _____	SALES REP _____
TYPE _____	INITIALS _____	RECEIVED _____

(Please Type or Print)

Applicant (Legal Name of Company)			Trading As (T/A) or Doing Business As (DBA)			Application Date		
Business Street Address			City	State	Zip	Preferred Delivery Method for Invoices/Statements. <input type="checkbox"/> FAX <input type="checkbox"/> E-MAIL		
Billing Address (Street or P. O. Box)			City	State	Zip			
Ph: ()		Fax: ()		Email:		Web:		
Year Established:	Employees?	Annual Sales:	Est. Monthly Purchases:		Resale Permit or Sales Tax #:			
		\$			\$			
We are engaged in the business of:			Business Building is:		If Rented, Name of Landlord/Address/Phone #:			
			<input type="checkbox"/> Owned <input type="checkbox"/> Rented					
Type of Business: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership			State of Incorporation:		SS# or FED EIN #:			
<input type="checkbox"/> Corporation <input type="checkbox"/> LLC								
Owners (If Applicant is a Sole Proprietorship or Partnership) or Officers (If a Corporation) (Use a separate sheet if necessary.)								
Full Name (Include Middle Initial)		Title		Home Address/City/State/Zip		Home Ph: ()		
		SS #				Cell Ph: ()		
Full Name (Include Middle Initial)		Title		Home Address/City/State/Zip		Home Ph: ()		
		SS #				Cell Ph: ()		
Bank or Savings & Loan Association								
Name		Branch Address		Account #		Date Opened		Ph # & Fax #
Name		Branch Address		Account #		Date Opened		Ph # & Fax #
Applicant's Principal Suppliers (List at least Three)								
Name		Fax: ()				Ph: ()		
Name		Fax: ()				Ph: ()		
Name		Fax: ()				Ph: ()		
Has Applicant or any of its principals ever filed a voluntary petition in bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No				Has a tax lien or civil suit been filed against applicant or any principal within the last 6 years? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, explain on a separate sheet of paper.				If yes, explain on a separate sheet of paper.				

TERMS: In consideration of GROVE SUPPLY, INC. extending credit to Applicant, Applicant agrees to pay for all items delivered or services rendered to, or at the request of, Applicant, in accordance with the terms of each invoice and this application. Applicant agrees that each of the terms and conditions of sale stated on the invoices and this application shall be a term of the contract for each sale from GROVE SUPPLY, INC. to Applicant. Applicant acknowledges that a monthly service charge of 2% per month (24% per annum), or the maximum permitted by law, shall apply to all sums due GROVE SUPPLY, INC. which are not paid by the terms and conditions of sale as stated on each invoice and this application. Applicant agrees to promptly pay all service charges. An additional service charge, computed on the same basis, will be due and payable every thirty (30) days thereafter. Waiver of any one or more service charges by GROVE SUPPLY, INC. shall not be deemed to be a waiver of future service charges. Applicant further agrees that with regard to such service charges, Applicant and GROVE SUPPLY, INC. are parties to a written commercial contract. Should it become necessary to place this account with a collection agency or attorney for collection, Applicant agrees to pay all collection costs, attorney's fees and court costs in addition to all other sums due. Applicant authorizes GROVE SUPPLY, INC. to obtain credit and financial information concerning the Applicant at any time and from any source. By providing mailing address, e-mail, telephone numbers and fax numbers, Applicant consents to receive communication sent by or on behalf of GROVE SUPPLY, INC. Applicant warrants that all information provided is true and correct and acknowledges that the extension of credit by GROVE SUPPLY, INC. is based on this information being accurate and true. Applicant further agrees to keep this Credit Application updated and notify GROVE SUPPLY, INC. in writing of any changes, including but not limited to name changes, ownership changes, mergers or acquisitions, address and phone changes. Applicant shall submit a new or amended Credit Application when requested by GROVE SUPPLY, INC. The extension of credit hereunder, the amount of credit and the cancellation or reduction of credit shall be within the sole discretion of GROVE SUPPLY, INC. The undersigned warrants that the above agreement has been carefully read and that Applicant understands completely.

Print Name of Applicant #1	Title
Signature of Applicant #1	Date

Print Name of Applicant #2	Title
Signature of Applicant #2	Date

(OVER)

(Rev 8/09 Downloaded Version)

BANKING INFORMATION

Many banks and financial institutions will not release information without written authorization from a signatory of the account. To avoid delays in processing your application, please complete the information requested below. It is important that the form be signed by an individual with the power to authorize transactions on this account. It is understood that all information obtained will be kept confidential.

NAME OF BANK: _____ ADDRESS: _____

TOWN & STATE: _____ PHONE: _____ CHECKING ACCOUNT#: _____

I, _____ As a signatory of this account, authorize said bank, _____, to release to GROVE SUPPLY, INC. such information as is requested.

SIGNATURE: _____ DATE: _____

NAME (please print): _____ TITLE: _____

PERSONAL GUARANTEE

I/WE, _____
For and in consideration of you extending credit at my/our request to _____

(Guarantor (s) Company Name)

hereby personally guarantee to you the payment of any obligation of the above company, and I/we hereby agree to bind myself/ourselves 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 and irrevocable guaranty and indemnity for such indebtedness of the company. I/We do hereby waive notice of default, non-payment and notice thereof and consent to any modification or renewal of the credit agreement hereby guaranteed. If the credit is granted, it is understood to be under the terms set forth on the Front Page.

Guarantor: _____ SS#: _____

Print Name

Signature of Above Individual

Date: _____

(Must Agree with Notary)

Phone: (____) _____

Home Address

Guarantor: _____ SS#: _____

Print Name

Signature of Above Individual

Date: _____

(Must Agree with Notary)

Phone: (____) _____

Home Address

Above Signatures to be notarized

STATE OF _____, COUNTY OF _____

I CERTIFY that on _____, 20____,

_____ personally came before me and acknowledged under oath, to my satisfaction, that this person (or if more than one, each person):

- (a) is named in and personally signed this document; and
- (b) signed, sealed and delivered this document as his or her act and deed.

NOTARY SEAL

(Notary Public)

Notary Stamp:
With Expiration Date:



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P.O. Box 30290
106 Steamboat Drive
Warminster, PA 18974
Phone: 215-672-8666
Fax: 215-672-8244
carrie@grovesupplyinc.com

BANK REFERENCE
(Customer Signature Needed Only)

To:		Date:	
Re:		Fax Number:	
		Acct No(s):	

X Sign here: _____

Dear Madam / Sir:

We would appreciate the benefit of your experience with the customer listed above. The information is requested for use in either the extension of credit terms or for the purpose of accepting business checks from the customer listed above.

The information will be held in strict confidence and we would be glad to reciprocate at any time.

CHECKING ☐ HIGH ☐ MEDIUM ☐ LOW \$ _____ FIGURE AVERAGE BALANCE

SINCE _____ ☐ SATISFACTORY ☐ UNSATISFACTORY

SAVINGS ☐ HIGH ☐ MEDIUM ☐ LOW \$ _____ FIGURE AVERAGE BALANCE

SINCE _____ ☐ SATISFACTORY ☐ UNSATISFACTORY

CREDIT EXPERIENCE

INSTALLMENT LOAN

DATE OPENED _____
ISSUE AMT _____
TERMS _____
BALANCE _____

COMMERCIAL LOAN

DATE OPENED _____
ISSUE AMT _____
TERMS _____
BALANCE _____

COMMERCIAL LINE OF CREDIT

APPROVED _____ COMMITMENT AMT _____
HIGH CREDIT _____ SECURITY _____

NSF CHECK EXPERIENCE: (Include # of NSF's in the past 12 months) _____
FURNISHED BY: _____ DATE: _____

Thank you,

Please Fax Response To: 215-672-8244

Accounts Receivable