

Credit Amount Requested _____ Intials _____



CREDIT APPLICATION AND GUARANTEE RAMAPO WHOLESALE, INC.

PHONE (845) 425-8400 • FAX (845) 425-3146

w w w . r a m a p o w h o l e s a l e r s . c o m

The undersigned understands that the following information will be submitted for the purpose of obtaining credit information, and authorizes the investigation of the information.

Applicant's Name _____

Address _____

City _____ State _____ Zip Code _____ Tel# _____

Type of Business You Operate _____

No. of Years Established _____ Proprietorship Partnership Corporation Federal ID _____

PRINCIPALS AND/ OR OFFICERS

Name _____ Title _____ SS# _____

Address _____

City _____ State _____ Zip Code _____

Email _____

Name _____ Title _____ SS# _____

Address _____

City _____ State _____ Zip Code _____

Email _____

FINANCIAL INFORMATION

Name of Bank(s) _____

Address _____

City _____ State _____ Zip Code _____

Name of Bank(s) _____

Address _____

City _____ State _____ Zip Code _____

TRADE REFERENCES

Name _____ Address _____

Phone _____ Fax _____

Name _____ Address _____

Phone _____ Fax _____

This is to certify that I am a principal in the above business and in consideration for the extension of credit, I do personally guarantee payment of any and all invoices, which remain unpaid.

Signature _____ Date of Signature _____

Print Name _____ Title _____

*Spouse Signature _____ Date of Signature _____

Print Name _____ Title _____

**Required if requesting credit over \$25,000.*

In addition that if suit is brought to collect a past due balance, then I would be responsible for an additional amount of 33-1/3% of the total debt allocable to legal fees and court costs incurred by Ramapo Wholesalers in collecting the outstanding obligation.

Purchasing Agent _____ Email _____