

CREDIT APPLICATION, AGREEMENT AND GUARANTY

Please Print or Type Information Clearly

Company Name				<input type="checkbox"/> Sole Proprietorship		<input type="checkbox"/> Partnership		<input type="checkbox"/> Corporation	
Street Address			City		State		Zip		
Billing Address			City		State		Zip		
Business Phone		Pager		Fax		Mobile			
()		()		()		()			
Previous Address (if less than three years)					Previous Trade Name (if any)				
Name of License Holder			His/Her Position in Company			PO # Req'd:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
						Billing Stmt Req'd:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Years in Business:		Contractor's License No.		License Classification		Expiration Date			
No. of Employees						/ /			
General Liability Policy				Policy Number (or attach a copy)					
Name of Officer/Principal			SS#		DOB		Current Address (if less than 1 year, give previous address)		
Trade Reference			Contact			Phone #			
Trade Reference			Contact			Phone #			
Trade Reference			Contact			Phone #			
Bank Name			Address			Account #			
<p>I authorize P.V. Sullivan Supply Co., Inc. and/or its affiliates to obtain credit information for the purpose of establishing a credit account. P.V. Sullivan Supply Co., Inc. and/or its affiliates may update such credit information from time to time, and I agree to provide updated information upon request. The above named references are hereby authorized and directed to release information regarding my account to P.V. Sullivan Supply Co., Inc. and/or its affiliates upon request. I understand that P.V. Sullivan Supply Co., Inc. and/or its affiliates will rely on the information herein to grant credit to me, and certify under penalty of perjury that the information provided in the Credit Application And Agreement is true and correct as of the date below. Invoices are due and payable within terms stated on the face of each invoice, unless otherwise agreed to in writing. Disputed invoices must be brought to the attention of P.V. Sullivan Supply Co., Inc. and/or its affiliates in writing within ten days after receipt. Monthly late charges at the rate of one and one-half percent per month, or the maximum legal interest rate, whichever is greater, will be added to the outstanding balance on all invoices not paid in full after 30 days. If any action is brought in any state, federal, or bankruptcy court to enforce the terms of this Agreement, P.V. Sullivan Supply Co., Inc. shall be entitled to recover its attorney's fees, which shall be payable whether or not the action is prosecuted to judgment.</p>									
Authorized Officer/Owner _____							Title _____		
(Print Name)									
Signed _____							Date _____		

PERSONAL GUARANTY

The undersigned, in consideration of the extension of credit by P.V. Sullivan Supply Co., Inc. and/or its affiliates to the above-identified entity, unconditionally personally guarantees the full and prompt payment and any collection costs, including attorneys' fees to P.V. Sullivan Supply Co., Inc. and/or its affiliates incurred by the above referenced company. You are executing a legally binding obligation to pay the debt and future debt of the above referenced company should the primary maker fail or refuse to do so.

 GUARANTOR
 6008:001:creditagmt

 PRINT NAME