| 3200 South Lawrence Street Philadelphia, PA 19148 Phone: (215) 271-1000 Fax:(215) 271- 5026 Email:[mkallman@cwdunnet.com](mailto:mkallman@cwdunnet.com) | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **credit application** | | | | | | | |
| Legal Name: | | | Trade Name: | | | | |
| Phone: | | Fax: | | | Mobile: | | |
| Current address: | | | | | | | |
| City: | | State: | | | Zip Code: | | |
| No. of Years in Business: | | | | | | E-Mail: | |
| Type of Business: Corporation ( ) Partnership ( ) Sole Proprietor ( ) Other ( ) | | | | | | | |
| **PrinCIPALS** | | | | | | | |
| Name: | | Title: | | | Social Security #: | | |
| Home Address: | | | | | | Home Phone: | |
| Previous Employment if less than 3 years in business: | | | | | | | |
|  | | | | | | | |
| Name: | Title: | | | | Social Security #: | | |
| Home Address: | | | | | Home Phone: | | |
| Previous Employment if less than 3 years in business: | | | | | | | |
|  | | | | | | | |
| Personnel – Controller: | | | | | | E-mail: | |
| Accounts Payable: | | | | | | E-mail: | |
|  | | | | | | | |
| **BANK REFERENCES** | | | | | | | |
| Account # (s): | | | | Type of Account: | | | |
| Contact: | | Phone: | | | Fax: | | |
| Borrowing Bank: | | Phone: | | | Fax: | | |
| E-mail: | | | | | | | |
| Terms and Conditions of Sale:  Terms: Net 7 days. Balance past due shall incur a service charge of 1.5% per month, 18% per annum.  In the event collection against you is referred by us to an attorney, we are entitled to a reasonable attorney’s fee, which you agree would be twenty percent (20%).  Goods may be accepted for return and credit if they are unused, in sealed containers, in resalable condition, and still frozen if applicable, no more than thirty (30) days after delivery or pick up, and subject to a twenty percent (20%) charge for restocking and bookkeeping. | | | | | | | |
| Authorized Signature: | | | | Title: | | | Date: |

|  |  |  |  |
| --- | --- | --- | --- |
| 3200 South Lawrence Street Philadelphia, PA 19148 Phone: (215) 271-1000 Fax:(215) 271- 5026 Email:[mkallman@cwdunnet.com](mailto:mkallman@cwdunnet.com) | | | |
| TRADE REFERENCES | | | |
| Name: | | | |
| Contact: | | Address: | |
| City: | State: | | Zip Code: |
| Phone: | Fax: | | E-mail: |
|  | | | |
| Name: | | | |
| Contact: | | Address: | |
| City: | State: | | Zip Code: |
| Phone: | Fax: | | E-mail: |
|  | | | |
| Name: | | | |
| Contact: | | Address: | |
| City: | State: | | Zip Code: |
| Phone: | Fax: | | E-mail: |
|  | | | |
| Name: | | | |
| Contact: | | Address: | |
| City: | State: | | Zip Code: |
| Phone: | Fax: | | E-mail: |
|  | | |  |
| Name: | | | |
| Contact: | | Address: | |
| City: | State: | | Zip Code: |
| Phone: | Fax: | | E-mail: |
|  | | |  |
| Name: | | | |
| Contact: | | Address: | |
| City: | State: | | Zip Code: |
| Phone: | Fax: | | E-mail: |

|  |  |  |  |
| --- | --- | --- | --- |
| 3200 South Lawrence Street Philadelphia, PA 19148 Phone: (215) 271-1000 Fax:(215) 271- 5026 Email:[mkallman@cwdunnet.com](mailto:mkallman@cwdunnet.com) | | | |
| AUTHORIZATION PERTAINING TO CONSUMER REPORTS PURSUANT TO THE FAIR CREDIT REPORTING ACT | | | |
| This is a release for C.W. Dunnet & Co. to obtain one or more consumer/credit reports in connection with your application for credit with this company. By signing below, you hereby authorize C.W. Dunnet & Co. and its authorized representatives to obtain such reports from any consumer &/or credit reporting agency regarding your application for credit. | | | |
| Signature: | | Title: | |
| Name (Print): | | Date: | |
| I/we authorize C.W. Dunnet & Co. and their agents to verify the information supplied on this application and to receive said information both now and in the future. I/we hereby state that the aforementioned is the true and correct. I/we agree that if credit is extended to pay all bills in accordance with the terms of C.W. Dunnet & Co. | | | |
| Authorized Signature: | | Title: | |
| Name (Print): | | Date: | |
| **BANK AUTHORIZATION** | | | |
| I hereby authorize C.W. Dunnet & Co. and their agents to verify information with my bank and I further authorize my bank to release such information to them. | | | |
| Bank: | | Branch: | |
| Account #: | | Contact: | |
| Phone: | Fax: | | E-mail |
|  | |  | |
| Bank: | | Branch: | |
| Account #: | | Contact: | |
| Phone: | Fax: | | E-mail |
|  | | | |
| Authorized Signature: | | Title: | |
| Company: | | Date: | |

|  |  |
| --- | --- |
| 3200 South Lawrence Street Philadelphia, PA 19148 Phone: (215) 271-1000 Fax:(215) 271- 5026 Email:[mkallman@cwdunnet.com](mailto:mkallman@cwdunnet.com) | |
| Legal Name: | Trade Name: |
| PERSONAL GUARANTEE | |
| The undersigned (jointly and severally) in consideration of your extending credit to the above name application do hereby unconditionally guarantee payment of all indebtedness, liabilities or obligations, said applicant shall at any time owe to C.W. Dunnet & Co.  This guarantee shall be a continuing, absolute and unconditional guarantee and shall remain in full force and effect until expressly revoked by a written notice from the undersigned sent certified mail, return receipt requested and also, until all of said indebtedness, liabilities and obligations created before such notice shall be full paid.  This guarantee extends to and includes any interest due or to become due together with any and all costs and expense, including but not limited to collection agency fees, attorney fees and court costs by C.W. Dunnet & Co. | |
| Guarantor’s Signature: | Guarantor’s Name (print): |
| Address: | Date: |
|  | |
| Guarantor’s Signature: | Guarantor’s Name (print): |
| Address: | Date: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 3200 South Lawrence Street Philadelphia, PA 19148 Phone: (215) 271-1000 Fax:(215) 271- 5026 Email:[mkallman@cwdunnet.com](mailto:mkallman@cwdunnet.com) | | | | |
| CUSTOMER MAINTENANCE FOR DELIVERY | | | | |
| Customer Name: | | Phone: | | |
| Address: | | | | |
| City: | State: | | | Zip Code: |
|  | | | | |
| Shipping Instructions: | | | | |
| Receiving Hours – From: A.M. / P.M. | | To: A.M. / P.M. | | |
| Target Time: | | | | |
| Customer Name: | | E-mail: | | |
| Phone: | Mobile: | | | Fax: |
| Call for Appointment: Yes / No | | | Loading Dock Available: Yes / No | |
|  | | | | |