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CREDIT APPLICATION

Commercial Account

Ed Herrington, Inc.
312 White Hill Lane, Hillsdale, NY 12529

ED HERRINGTON, INC. requires that all requested documentation be received before the credit investigation process begins. Should you have any questions, contact the credit department at 1-800-453-1311. If tax exempt, please provide tax exemption documentation. Please PRINT OR TYPE and complete all sections of the application in full, including the Agreement and Personal Guarantee sections. Applications may be MAILED or FAXED TO: ED HERRINGTON, INC. ATTN: CREDIT DEPT., P.O. BOX 709, HILLSDALE, NY 12529. FAX NO. 518-325-3119.

(COMPANY USE ONLY)

CUSTOMER NO. _____ LEVEL _____ CLASS _____ CATEGORY _____ SALESPERSON _____

COMPANY NAME: _____ TAX ID #: _____

MAILING ADDRESS: _____
Street City State Zip

HOME PHONE: _____ BUSINESS PHONE: _____

CELL PHONE: _____ FAX: _____

E-MAIL: _____ ☐ Please email my invoices and statements

I want to have all delivery tickets and invoices priced at all times: ☐ Yes ☐ No

BUSINESS TYPE(Check one): _____ PROPRIETORSHIP _____ PARTNERSHIP _____ CORPORATION _____ OTHER

YEARS IN BUSINESS: _____ # EMPLOYEES: _____ NATURE OF BUSINESS:

ANNUAL SALES: _____

MONTHLY CREDIT LINE REQUESTED: _____

PURCHASE ORDER REQUIRED? _____ YES _____ NO

____ CUSTOM HOME BLDG _____ PLUMBER _____ ARCHITECT
____ HOME BUILDER _____ ELECTRICIAN _____ LANDSCAPER
____ REMODELER _____ EXCAVATOR _____ DRYWALL
____ SCHOOL/MUNICIPAL _____ FOUNDATION _____ ROOFER
____ COMMERCIAL/HOSPITAL _____ MASON
____ OTHER: _____

BILLING/PURCHASING CONTACT NAME: _____ PHONE #: _____

PARTNERS AND/OR CORPORATE OFFICERS:

1. _____ Title: _____ SSN _____

2. _____ Title: _____ SSN _____

NAMES OF AUTHORIZED PURCHASERS (Only those listed may charge to the account)

1. _____ 2. _____ 3. _____

4. _____ 5. _____ 6. _____

BANK REFERENCES

BANK (CHECKING) _____ CITY/BRANCH _____ STATE _____

ACCOUNT # _____ CONTACT _____ PHONE _____

OTHER FUNDING _____ CITY/BRANCH _____ STATE _____

ACCOUNT # _____ CONTACT _____ PHONE _____

SUPPLIER REFERENCES

1. _____ CONTACT _____ TEL: _____
2. _____ CONTACT _____ TEL: _____
3. _____ CONTACT _____ TEL: _____

THE APPLICANT HEREBY AGREES AS FOLLOWS:

1. A representative of ED HERRINGTON, INC. may contact any person listed for verification of the Applicant's assets and credit history.
2. To notify ED HERRINGTON, INC. immediately of any material change in the assets or liabilities of the Applicant.
3. To pay a LATE CHARGE of 1.5% per month (18% annual) on the unpaid balance of the account, payable on the first day of each month if payment has been made in accordance with the terms of the invoice.
Accounts whose balances fall 60 days past due will be closed.
4. That the credit may be terminated if the undersigned fails to pay all invoices within the terms indicated thereon.
5. That if this account shall become delinquent, any and all invoices on the account shall, at the sole discretion of ED HERRINGTON, INC., become immediately due and payable.
6. To pay reasonable attorney's fees and the expenses of collection of ED HERRINGTON, INC. in the event that this account is referred to an attorney for collection.
7. This Agreement and Personal Guarantee, and all transactions with ED HERRINGTON, INC. shall be entirely governed by the substantive laws of New York, and you consent to jurisdiction in the courts of New York.
8. If the applicant is a contractor, the applicant agrees to hold any monies received directly or indirectly from the owner as payment for the materials furnished by Ed Herrington, Inc. in trust for payment to Ed Herrington, Inc. if the applicant has not already paid Ed Herrington, Inc.
9. I authorize the person(s) named as authorized users to make purchases using my charge account. I agree to notify Ed Herrington, Inc. in writing of any changes to the authorized purchasers.

The representations made herein are accurate and correct to the best of the knowledge of the undersigned, and the undersigned understands that this Application may be rejected or the credit revoked at any time that facts are found which materially vary from those stated on this Credit Application.

Printed Name: _____ Title: _____

Authorized Signature: _____ Date: _____

PERSONAL GUARANTEE

The undersigned personally guarantees payment of the obligation of the company (or persons) named as Applicant on this Credit Application. In the event any amount is unpaid and the matter is forwarded for collection, all reasonable collection fees incurred in collecting the obligation will be paid personally by the undersigned. The undersigned also agrees to pay any service charges on any amounts unpaid.

Printed Name: _____ Title: _____

Authorized Signature: _____ Date: _____

Social Security Number: _____