

Merit Kaplan Paint Supply
237 East 44th Street
New York, New York 10017
Phone 212 682-3585
Fax 212 697-3494

CREDIT APPLICATION

DATE _____

FULL LEGAL NAME: _____

PHONE: _____ FAX: _____ EMAIL: _____ CELL: _____

BILLING ADDRESS: _____

ARE YOU TAX EXEMPT? _____ TAX ID# _____

TYPE OF BUSINESS _____ YEARS IN BUSINESS _____

MONTHLY PURCHASES? _____

CORPORATION _____ PARTNERSHIP _____ SOLE PROPRIETORSHIP _____

OWNERS, PARTNERS, OR CORPORATE OFFICERS

NAME _____ TITLE _____ S.S.# _____

NAME _____ TITLE _____ S.S.# _____

IS A WRITTEN P.O. REQUIRED ON ALL ORDERS YES _____ NO _____

BANK INFORMATION

NAME

ACCOUNT NUMBER

CONTACT

REFERENCES WHERE YOU CURRENTLY HAVE AN OPEN CREDIT ACCOUNT (3 REQUIRED)

	NAME & ADDRESS	FAX & PHONE	TERMS	AVG MONTHLY PURCHASES
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

In consideration of extension of credit by Merit Kaplan Paint Supply, I agree to the following terms of sale: NET 30 days to pay. Maximum legal interest thereafter, plus costs of collection, including attorney fees and costs of legal action if required will be charged.

APPLICANTS SIGNATURE _____ TITLE _____

Guarantee – I (we) certify that all the information on this form is correct and that I (we) fully understand this credit form and agree to the proper payment. I (we) personally guarantee immediate payment of any outstanding balance which has remained past due for a period of thirty (30) days. I (we) agree to make full payment upon written demand to my (our) home address (es). I (we) agree to pay any and all costs of collection, including suit expenses, attorney fees and court costs.

Signature _____ Print your name _____

Signature _____ Print your name _____