

**CUSTOMER CREDIT APPLICATION – Page 1 of 2**

Full Registered Business Name: \_\_\_\_\_  
Doing Business As: \_\_\_\_\_  
Billing Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Shipping Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Main Phone: \_\_\_\_\_ Main Fax: \_\_\_\_\_ Main Email: \_\_\_\_\_

**Please attach list of Additional Stores/Branches that will operate on this Account.**

Resale No. (Must attach Resale Certificate): \_\_\_\_\_ FEIN or SS No.: \_\_\_\_\_  
Date Established: \_\_\_\_\_ D & B Number: \_\_\_\_\_  
Type of business: \_\_\_\_\_ Estimated Monthly Purchase: \_\_\_\_\_  
Circle One: Corporation Partnership Sole Proprietorship LLC Other  
Parent Company if applicable: \_\_\_\_\_  
Parent Company Address: \_\_\_\_\_  
Are your Premises: Owned? \_\_\_\_\_ Leased? \_\_\_\_\_ If Leased, Owners Name: \_\_\_\_\_

Purchasing Contact: \_\_\_\_\_ Purchasing Email: \_\_\_\_\_  
Purchasing Phone: \_\_\_\_\_ Purchasing Fax: \_\_\_\_\_  
Accts Payable Contact: \_\_\_\_\_ Accts Payable Email: \_\_\_\_\_  
Accts Payable Phone: \_\_\_\_\_ Accts Payable Fax: \_\_\_\_\_

**DETAILS OF DIRECTORS/PROPRIETORS/PARTNERS**

All Applicants must fill in full details of name and private address.

1. Name: \_\_\_\_\_ Home Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Drivers License No: \_\_\_\_\_ Phone: \_\_\_\_\_  
2. Name: \_\_\_\_\_ Home Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Drivers License No: \_\_\_\_\_ Phone: \_\_\_\_\_  
3. Name: \_\_\_\_\_ Home Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Drivers License No: \_\_\_\_\_ Phone: \_\_\_\_\_

**REFERENCES**

Bank: \_\_\_\_\_ Account No.: \_\_\_\_\_ Contact: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Fax: \_\_\_\_\_

1. Vendor Name: \_\_\_\_\_ Contact: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone number: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Fax number: \_\_\_\_\_  
2. Vendor Name: \_\_\_\_\_ Contact: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone number: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Fax number: \_\_\_\_\_  
3. Vendor Name: \_\_\_\_\_ Contact: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone number: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Fax number: \_\_\_\_\_

**CUSTOMER CREDIT APPLICATION – Page 2 of 2****TERMS AND CONDITIONS**

Please read carefully before signing.

In consideration of you granting credit, I/we declare and agree as follows:

- a) The information given is true in all respects.
- b) I/we will promptly advise you in writing of any proposed changes to the business.
- c) The account terms will be Net 30 and all invoices will be paid **within 30 days** from the invoice date.
- d) I/we will pay any expenses, cost or disbursements incurred by you in recovering any outstanding monies including debt collection agency fees and solicitors costs in addition to our account.
- e) It is further agreed that at your option you may levy a service charge on all overdue accounts at the rate of 2.5% interest per month, calculated from the original date of the invoice.
- f) Should any of the following occur:
  - i) Any information provided on this application proves to be incorrect or falsely advised,
  - ii) Any default in payment occurs and/or,
  - iii) I/we enter into bankruptcy/receivership (whether voluntary or otherwise) it is agreed that Allfasteners USA shall retain full right, title and interest to any goods and/or service supplied pursuant to this application.

I/We hereby apply to establish credit facilities with guarantee credit facilities which may be provided by ALLFASTENERS USA and agree to abide by the TERMS & CONDITIONS OF SALE as stated on our website at [www.allfasteners.com/terms.php](http://www.allfasteners.com/terms.php). I/we have read and understood the above acknowledgments and agreements.

**Signature of applicant Directors or Partners (All applicants to sign)**

Full Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Title: \_\_\_\_\_ Date: \_\_\_\_\_

Full Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Title: \_\_\_\_\_ Date: \_\_\_\_\_

Full Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Title: \_\_\_\_\_ Date: \_\_\_\_\_

Please return completed applications to: **ATTN:** Accounts Department  
69 Orchard Street  
Ramsey, NJ 07446

**OR**

**FAX :** 201 783 8840

**OR**

**EMAIL:** [sales@allfasteners.com](mailto:sales@allfasteners.com)