



MANUFACTURERS RESERVE SUPPLY, INC.
 40 WOOLSEY STREET • IRVINGTON • NEW JERSEY 07111-4012
 CREDIT DEPARTMENT DIRECT DIAL: 973-508-1108
 BUSINESS PHONE: 973-373-1881 • FAX: 973-373-8550

MRS

COMMERCIAL CREDIT APPLICATION

PLEASE COMPLETE THIS CREDIT APPLICATION IN FULL TO BE CONSIDERED FOR OPEN ACCOUNT STATUS. IF THE INFORMATION SUPPLIED IS INCOMPLETE THIS MAY DELAY PROCESSING OF THE APPLICATION AND COULD AFFECT PROMPT DELIVERY OF PRODUCTS OR SERVICES. PLEASE MAIL THIS APPLICATION TO THE CREDIT DEPARTMENT, AS WE NEED THE SIGNED ORIGINAL. HOWEVER, YOU MAY EXPEDITE THE PROCESS BY ALSO FAXING TO 973-373-8550.

Legal Name _____ Phone # _____

Doing Business as (DBA) _____ Fax # _____

Date of Formation/Incorporation _____

Resale # _____ Please furnish a copy of your resale certificate. No order will be processed if we do not have your certificate on file.

EIN _____

Business Form: C-Corp S-Corp LLC Partnership State of Incorporation _____
 (Mark One)

No. of Employees _____ Annual Sales \$ _____ Type of Business Wholesale Retail Manufacturer
 (Mark One)

Billing Address _____ City _____ State _____ Zip _____

Ship to Address _____ City _____ State _____ Zip _____
If different from above

It is our policy to email invoices and statements. Please provide email address for A/P contact _____

A/P Contact Name _____ Fax # for A/P _____ Website _____

Buyer's Name _____ Buyer's email _____

Owner/Officer Information: *(If a partnership, list all partners-attach a schedule if necessary)*

Full Legal Name _____ Full Legal Name _____ Full Legal Name _____

Title _____ Title _____ Title _____

Home Address _____ Home Address _____ Home Address _____

Home Phone _____ Home Phone _____ Home Phone _____

Mobile Phone _____ Mobile Phone _____ Mobile Phone _____

Email Address _____ Email Address _____ Email Address _____

Has the applicant or any officer, partner, owner or member ever filed for bankruptcy? YES NO
 Who? _____ When? _____

Does the applicant or any officer, partner, owner or member have outstanding liens or judgments? YES NO
 Who? _____ When? _____

TRADE REFERENCES – ALL SIX MUST BE COMPLETED. DO NOT USE BUYING GROUPS OR CO-OPS
(List only those you have bought from within the last year).

Company Name
Accounts Receivable Contact
Accounts Receivable Contact Email
Address
City, State & Zip
Phone Number
Fax Number

Company Name
Accounts Receivable Contact
Accounts Receivable Contact Email
Address
City, State & Zip
Phone Number
Fax Number

Company Name
Accounts Receivable Contact
Accounts Receivable Contact Email
Address
City, State & Zip
Phone Number
Fax Number

Company Name
Accounts Receivable Contact
Accounts Receivable Contact Email
Address
City, State & Zip
Phone Number
Fax Number

Company Name
Accounts Receivable Contact
Accounts Receivable Contact Email
Address
City, State & Zip
Phone Number
Fax Number

Company Name
Accounts Receivable Contact
Accounts Receivable Contact Email
Address
City, State & Zip
Phone Number
Fax Number

BANKING REFERENCES

Please list below **ALL** account numbers for **ALL** of your banking relationships.
Attach separate page if additional space is needed.

Bank #1 Name	Town	State
Bank Phone #		
Bank Fax #		
* Checking Account #		
Money Market Account #		
Savings Account #		
* Line of Credit Account # <input type="checkbox"/> Yes <input type="checkbox"/> No Amount \$ _____		
Bank #2 Name	Town	State
Bank Phone #		
Bank Fax #		
Checking Account #		
Money Market Account #		
Savings Account #		
Line of Credit Account #		

Have you given collateral or guarantees to bank? YES NO

Have you given collateral to other vendors? YES NO

If yes, give details _____

CONDITIONS OF SALE AND CREDIT EXTENSION

Applicant agrees to the terms and conditions of sale shown on each invoice. Applicant also agrees to pay a late charge equal to the maximum legal rate for contracts, or 24% per annum, whichever is less, on the unpaid delinquent balance until the amount is paid in full. If the account is placed for collection or turned over to an attorney for collection, applicant agrees to pay 25% of the total balance due/owing in collection costs to MRS. Applicant agrees this agreement was entered into and is governed by the laws of the state set forth in Seller's address. Customer also agrees that Essex County, New Jersey, shall be the venue for any legal action necessary to collect any delinquent accounts, and further, this contract shall be governed by the uniform commercial code and the laws of the State of New Jersey.

Applicant hereby affirms that the information contained in this application is true, complete and correct, and that the Seller can reasonably rely on this information. All credit availability decisions with respect to the extension and continuation of credit shall be at the sole discretion of Seller and such may be terminated at Seller's discretion.

In consideration for any extensions of credit by Manufacturers Reserve Supply, Inc., (Seller), the undersigned applicant authorizes Manufacturers Reserve Supply Inc., to conduct a credit investigation including inquiries of the references listed above.

We authorize you and your Credit Investigation Agency to contact and receive information on our business background, reputation and personal character. We further understand that you may furnish credit information on our account to other suppliers and/or credit reporting agencies. You may also do periodic credit investigation work to determine our creditworthiness after our account is opened; and, at your discretion. It is understood that this information will be held in the strictest confidence.

Print Name _____

Officers Signature _____

Title _____

Date _____

Company _____