



Legal Credit Application

Company Name _____

Address _____ Phone (____) _____ Fax (____) _____

27 Selvage St.
Irvington NJ 07111

City, State, Zip _____ E-mail _____ Web Site _____

Tel. 973.854.8600
Fax 973.854.8650
Herman Goldberger

Years in Business _____ Years at Present Address _____ Federal ID _____ Dun & Bradstreet _____ Annual Sales _____ Desired Credit Limit _____

HEREBY applies for credit in accordance with the terms and conditions of Valley Supplies Inc.:

www.valleysupplies.com

Exact name of the applicant (Trade or other name used) _____ State of incorporation or Registration of partner _____

Are you a reseller of computer, copier, fax, imaging or Engineering supplies? Yes No Resale # _____

Do we have permission to Fax/email promotion or updates etc. about our company and Products? Yes No

How would you prefer for us to send your invoices: (please circle one) Mail Fax (____) _____ email _____

Individual if Proprietorship _____ (____) _____
Name SS# Home Phone

Partners if Partnership _____ (____) _____
Name SS# Home Phone

Name SS# Home Phone

Name SS# Home Phone

Name SS# Home Phone

Principals if Corporation _____ (____) _____
Name SS# Home Phone

Name SS# Home Phone

Name SS# Home Phone

Name SS# Home Phone

Bank Reference

1) _____
Bank Name Address, City, State, Zip

Acct. Opening Date Bank Officer Telephone (____) _____ Fax (____) _____ Account Number

2) _____
Bank Name Address, City, State, Zip

Acct. Opening Date Bank Officer Telephone (____) _____ Fax (____) _____ Account Number

I, the undersigned, do hereby certify that the information provided on this credit application is true and accurate. I further authorize Valley Supplies Inc. to conduct any investigation it may deem necessary to verify the accuracy of such information. I also authorize the release of information regarding the bank references listed above and business references listed on next page.

Officer Signature Print Office Name Officer Title Date

Business References (you must provide at least 4 references)

Due to recent Privacy Laws that are currently in effect, we require fax numbers for all references so that we may provide your Business references with Proof of your consent to obtain Credit references.

1) _____			_____		
Business Name			Address, City, State, Zip		
_____			_____		
Contact Person	Credit Limit	Terms	Telephone (____)	Fax (____)	Account Number
2) _____			_____		
Business Name			Address, City, State, Zip		
_____			_____		
Contact Person	Credit Limit	Terms	Telephone (____)	Fax (____)	Account Number
3) _____			_____		
Business Name			Address, City, State, Zip		
_____			_____		
Contact Person	Credit Limit	Terms	Telephone (____)	Fax (____)	Account Number
4) _____			_____		
Business Name			Address, City, State, Zip		
_____			_____		
Contact Person	Credit Limit	Terms	Telephone (____)	Fax (____)	Account Number
5) _____			_____		
Business Name			Address, City, State, Zip		
_____			_____		
Contact Person	Credit Limit	Terms	Telephone (____)	Fax (____)	Account Number

Terms and Conditions of this credit application

- 1) Until credit approval can be obtained, new accounts will be shipped C.O.D. Cash or Certified Check.
- 2) All past due amounts due and owing Valley Supplies Inc., by Applicant shall bear interest from date due until paid at the greatest applicable interest rate permitted by law. If no usury statute shall apply, all past due amounts will bear interest at 1.5% per month.
- 3) Orders with outstanding and past due balances will be processed on C.O.D. basis only.
- 4) All principals and officers of the corporation are personal guarantors to the account of the corporation.
- 5) Debtor agrees to pay all invoices to 27 Selvage Street, Irvington, NJ 07011
- 6) Checks returned due to insufficient funds will be assessed a \$30.00 service charge.

I certify that I have read and agreed to the terms above. I further agree to pay all interest, costs of collection, and/or legal fees incurred by Valley Supplies Inc., that are necessary to collect amounts owed by this credit applicant.

_____	_____	_____	_____
Office Signature	Print Office Name	Officer Title	Date

Personal Guarantee

The undersigned unconditionally guarantees the complete payment of the above referenced Company ("Customer") account with Valley Supplies, Inc. ("The Company"), which includes all monies due on the account and all costs incurred in Collections of the se monies (Collectively the "Debt"). The Company has the right, at any time, without notice, to change or alter the customer's terms in respect to the account. This is a guaranty of payment and not of collection and is not conditioned upon the genuineness, validity or enforceability of the Debt. All points of sale are Monroe, New York. A fee of \$30.00 will be charged on all returned checks.

_____	_____	_____	_____
Signature	Print Name	Title	Date