



(800) 258-3690

**APPLICATION FOR CREDIT**

The Granite Group Employee Taking Application					Date		
Name of Person Requesting Credit					Business Phone		
Full Name of Business (Billing Name)					Fax No.		
Mailing Address					Home Phone		
City			State		Zip Code		
Street Address							
This Business Is: (Please Check One)		Proprietorship	Partnership	Corporation	Fed. I.D. No.	Plumber License No.	D.O.B.
Years in Business		Type of Business			Social Security No.		
Have you ever filed for bankruptcy		Personal <input type="checkbox"/> Business <input type="checkbox"/> If yes, please give year & state			Spouse's Name		
Sales Tax Exemption Form* Copy Must Be Enclosed <input type="checkbox"/> Yes <input type="checkbox"/> No					Spouse's Soc. Sec. No.		

**NAMES AND ADDRESSES OF OWNERS, PARTNERS, OR OFFICERS**

1. Name	Title	Soc. Sec. No.	
Address	City	State	Zip
2. Name	Title	Soc. Sec. No.	
Address	City	State	Zip
3. Name	Title	Soc. Sec. No.	
Address	City	State	Zip

**TRADE REFERENCES (Preferably Suppliers)**

1. Name	A/C#	Phone No.	
City	State	How Long	Fax No.
2. Name	A/C#	Phone No.	
City	State	How Long	Fax No.
3. Name	A/C#	Phone No.	
City	State	How Long	Fax No.

I hereby request credit be extended to the above person/corporation and certify that the above information is correct. I understand the above information is for use of the credit department of Shetucket Industrial Supply, Inc. dba Granite Group Industrial Supply (the company), and that all credit references may be contacted to obtain personal and business credit information. For myself, my successors, heirs and assigns, I promise to pay all debts arising out of this extension of credit.

I understand that all balances are due in full on or before the tenth of the month following the date of purchase for cash discount, where applicable, and due net 30 days from date of statement. I further understand that accounts not paid within 30 days incur a finance charge of 2% per month (24% APR).

I agree to notify (the company), by certified mail, of all changes of ownership or changes in the legal structure of the aforementioned business within 30 days of said changes.

I agree to the above terms. I agree to the Terms of Condition of sales as stated on each (the company) invoice. I also agree to pay costs of collection and reasonable attorney collection fees on this account in the event it becomes overdue. If the account is turned over for collection, the 24% annual percentage rate will continue if/when suit is filed and until account is paid in full.

APPLICANT'S SIGNATURE ATTESTS FINANCIAL RESPONSIBILITY, ABILITY AND AGREEMENT TO PAY OUR INVOICES IN ACCORDANCE WITH TERMS STATED.

**\*\*Signature/Title** **Date** **\*\*Signature/Title** **Date**

\*Application cannot be processed without this information.

\*\*These signatures may be copied for purposes of obtaining credit references.

**BOTH SIDES OF THIS APPLICATION MUST BE COMPLETED BEFORE APPLICATION WILL BE APPROVED.**

**BUSINESS BANKING REFERENCES**

Name \_\_\_\_\_

Address \_\_\_\_\_

Contact Person \_\_\_\_\_

Type of Account \_\_\_\_\_

Account No. \_\_\_\_\_

**PERSONAL BANKING REFERENCES**

Name \_\_\_\_\_

Address \_\_\_\_\_

Contact Person \_\_\_\_\_

Type of Account \_\_\_\_\_

Account No. \_\_\_\_\_

Real Estate Owned \_\_\_\_\_ Market Value \_\_\_\_\_

Name of Mortgagor/Address \_\_\_\_\_

Title in Name of \_\_\_\_\_

Total Assets \_\_\_\_\_ Total Liabilities \_\_\_\_\_

Accounts Receivable Outstanding \_\_\_\_\_ Accounts Payable Outstanding \_\_\_\_\_

Estimation of credit required \_\_\_\_\_ Number of Employees \_\_\_\_\_

Do you require PO's Yes  No

Do you require Job Names Yes  No

Do you accept BO's Yes  No

Do you pay by invoice Yes  No

Do you require end of month statement Yes  No

Accounts Payable contact \_\_\_\_\_

Previous address if less than 2 years \_\_\_\_\_

Previous employer if in business less than 2 years \_\_\_\_\_

Products you are primarily interested in \_\_\_\_\_

PVF  Hydronic Heat  Warm Air Heat  Plumbing  Water Systems

Approximate Sales Volume in category \_\_\_\_\_

**INDIVIDUAL PERSONAL GUARANTEE**

In consideration of the extending of credit to the above company at my request, I hereby guarantee to Shetucket Industrial Supply Inc. dba Granite Group Industrial Supply (the company), the prompt payment, when due, of every claim and debt of the above company to (the company). This Guarantee is given by the undersigned in order to induce (the company) to extend credit to the above-named company.

For myself, my successors, heirs and assigns, I hereby agree to bind myself to pay (the company) on demand any sum which may be or become due to (the company) by the company whenever the company shall fail to pay the same.

At its election and in its sole discretion (the company) may demand and collect payment of overdue amounts, 2% per month—finance charge (24% APR), costs and attorney's fees on the above account from either the above company or the undersigned individually.

This individual Guarantee is continuing and may be revoked prospectively. The obligation of the undersigned is immediate and (the company) has no obligation to proceed against the Applicant before first proceeding against the undersigned. Any such revocation to be effective must be signed and in writing.

\_\_\_\_\_  
(Signature Without Title) (Date)

\_\_\_\_\_  
(Signature Without Title) (Date)

**FOR OFFICE USE ONLY**

Received by _____	Approved _____	Approved _____
Date Received _____	Disapproved _____	Disapproved _____
Recommendation _____	By _____	By _____
Salesmen	Branch Manager	Credit Manager

A/C# \_\_\_\_\_ DATE APPROVED \_\_\_\_\_ SALESMAN \_\_\_\_\_ PC \_\_\_\_\_

**Please send completed application to: 6 Storrs Street, Concord, NH 03301**