

**E.P. HOMIEK SHEET METAL FABRICATION**

1352 Route 9

Lakewood, New Jersey 08701

Phone 732-364-7644

Fax 732-364-6165

**CREDIT APPLICATION AND PERSONAL GUARANTEE**

COMPANY NAME \_\_\_\_\_

STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_ CELL \_\_\_\_\_ EMAIL \_\_\_\_\_

PROPRIETORSHIP \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ CORP \_\_\_\_\_ TAX ID# \_\_\_\_\_

**PRINCIPLES AND/OR OFFICERS**

NAME \_\_\_\_\_ TITLE \_\_\_\_\_

ADDRESS \_\_\_\_\_ OWN \_\_\_\_\_ RENT \_\_\_\_\_ YRS EST \_\_\_\_\_

**FINANCIAL INFORMATION**

NAME OF BANK \_\_\_\_\_ ACCT# \_\_\_\_\_ PHONE \_\_\_\_\_

**TRADE REFERENCES**

NAME \_\_\_\_\_ ACCT # \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

NAME \_\_\_\_\_ ACCT # \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

NAME \_\_\_\_\_ ACCT # \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

**A SERVICE CHARGE OF 1 1/2% PER MONTH WILL BE MADE ON BILLS REMAINING UNPAID AFTER THE 1<sup>ST</sup> OF THE SECOND MONTH FROM THE DATE OF PURCHASE.**

PRINCIPLE \_\_\_\_\_

IF THIS ACCOUNT IS PLACED IN THE HANDS OF A BONDED COLLECTION AGENCY, OR ATTORNEY FOR COLLECTION THE APPLICANT AND GUARANTOR SHALL PAY AN AMOUNT EQUAL TO 25% OF THE UNPAID PRINCIPAL AND INTEREST AS A COLLECTION FEE, WHICH AMOUNT THE UNDERSIGNED AGREES IS REASONABLE.

THIS IS TO CERTIFY THAT I AM A PRINCIPAL IN THE ABOVE BUSINESS AND IN CONSIDERATION FOR THE EXTENSION OF CREDIT BY E.P. HOMIEK SHEET METAL, INC, AND ITS DIVISIONS AND ANY AFFILIATES, I DO PERSONALLY GUARANTEE PAYMENT OF ALNY AND ALL INVOICES WHICH REMAIN UNPAID.

DATE \_\_\_\_\_ PRINCIPLE \_\_\_\_\_

INDIVIDUALLY

DATE \_\_\_\_\_ PRINCIPAL'S SPOUSE \_\_\_\_\_

**CALL TO PLACE YOUR ORDER**

***E.P. HOMIEK SHEET METAL FABRICATION***

*1352 Route 9*

*Lakewood, New Jersey 08701*

*Phone 732-364-7644*

*Fax 732-364-6165*

***CREDIT APPLICATION AND PERSONAL GUARANTEE***

In addition to all of the terms set forth in the credit agreement, I hereby authorize E.P. Homiek Sheet Metal, Inc. to charge all amounts which are charged on my account to the following charge cards, if any portion of my account is not paid within terms:

NAME OF CHARGE CARD	ACCOUNT NUMBER	EXP DATE	SEC CODE
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_____	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
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SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Other information that may be helpful to obtain credit from E.P. Homiek Sheet Metal, Inc.:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list or attach special billing and/or shipping instructions

CALL TO PLACE YOUR ORDER