



Commercial Credit Application

Remit to P.O. Box 217, Indianapolis, IN 46206-0217 / Fax: (317) 264-2239
 Questions? Please contact Angie Eaton, Phone (317) 870-1614

GENERAL INFORMATION

Account Name:		Office Phone:	
Address:	City:	State:	Zip:
Fax:	Cell:	Email:	
Type of Company: (Contractor, Remodeling, Hospital, etc.)			

BILLING ADDRESS

Address:	City:	State:	Zip:
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COMPANY INFORMATION

Type of Organization: Corporation Limited Partnership/LLC General Partnership Sole Proprietorship
 Government Other (please explain):

Fed. Employer ID # (Tax ID):	DUNS #:	Credit Line Requested: \$
Business Started: / /	Year Incorporated:	State Incorporated:
Tax Exempt: <input type="checkbox"/> Yes <input type="checkbox"/> No (*** If tax exempt, email to aeaton@epshome.com or fax to 317-264-2240)		
Annual Sales:		

NAMES OF OWNERS, PARTNERS, AND OFFICERS

Name	Title	Social Security Number

COMMERCIAL CREDIT REFERENCES PLEASE PROVIDE FAX NUMBERS FOR ALL CREDIT REFERENCES

(1) Supplier Name:	Contact Person:		
Address:	City:	State:	Zip:
	Phone:	Fax:	
(2) Supplier Name:	Contact Person:		
Address:	City:	State:	Zip:
	Phone:	Fax:	
(3) Supplier Name:	Contact Person:		
Address:	City:	State:	Zip:
	Phone:	Fax:	

BANK INFORMATION

Bank Name:		Branch:	
Contact Name:	Phone:	Fax:	
Address:	City:	State:	Zip:
Acct. # Checking:		Alternate:	

ACCOUNT INFORMATION

Purchasing Contact:		Phone:	Email:
Billing Contact:		Phone:	Email:
Additional Contact:		Phone:	Email:
PO Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Job Name Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Pricing Shown on Packing Slip at Pickup/Delivery? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Invoices should be sent via? <input type="checkbox"/> US Mail <input type="checkbox"/> Fax # _____ <input type="checkbox"/> Email _____			

AUTHORIZED PURCHASERS

Employee ID required: <input type="checkbox"/> Yes <input type="checkbox"/> No	How do we monitor?
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Any additional security measures required?

TERMS AND CONDITIONS

Credit terms extended by Economy Plumbing Supply Company, Inc. and its subsidiaries are as follows:

1% Discount 10, Net 30 days. Any purchase not paid within 30 days from the invoice date will be assessed interest at the rate of 1.5% per month (18% per annum). It is agreed that buyer will pay all invoices in accordance with the terms stated above and that interest will be assessed on delinquent invoices together with any court costs, attorney's fees of not less than 25% of the unpaid amount of principle and interest, all other costs of collection which the seller may incur in enforcing the terms of this agreement, all without the relief from valuation and appraisal laws. If legal action becomes necessary by either seller or buyer, it is also agreed that this or any contemporaneous or subsequent agreement will be governed as to validity, interpretation, construction, effect and all other respects by the laws of the State of Indiana. The holder of the account number is liable for any unauthorized use of the Account and you agree to be responsible for any unauthorized use. A credit line will be assigned to your Account. This line includes all unpaid purchases, whether billed or unbilled. The buyer further grants to the seller interest in buyer's equipment, contract rights, inventories, receivables and proceeds of sale as collateral to secure the buyer's performance of all obligations. The buyer further authorizes the seller to file a financing statement without buyer's signature.

We reserve the right to change the terms of the Agreement by giving you fifteen days advance notice of the changes. Changes may include, without limitation, additional or different fees and contract provisions.

Buyers Signature:	Date:
Printed Name:	Title:

PERSONAL GUARANTEE

* As is customary in the building material industry, a personal guarantee is required on all Proprietorships, Partnerships, or recently incorporated businesses less than 3 years old.

Name:	Social Security:	Date of Birth:	
Home Address:	City:	State:	Zip:
	Phone:	Fax:	

You must be one of these: President or Chairman Vice President Owner/Sole Proprietor General Partner Other Officer

By signing this, I personally guarantee to you the payment to Economy Plumbing Supply, Inc., 625 N. Capitol Avenue, or 9755 Hague Road in the State of Indiana, of any obligation of the Company and I hereby agree to bind myself to pay you on demand any sum which may become due to you by the Company whenever the Company shall fail to pay the same. It is understood that this guaranty shall be a continuing and irrevocable guaranty and indemnity for such indebtedness of the Company. I do hereby waive notice of default, non-payment and notice thereof and consent to any modification or renewal of the credit agreement hereby granted. I also understand and direct that my personal credit reports and other inquires regarding your credit may be obtained by us from time to time. I promise that everything in this application is true and correct.

Name:	Title:
Signature:	Today's Date: