



Wholesale Distributor of Electrical & Plumbing Supplies
 39-15 21ST STREET, LONG ISLAND CITY, NY 11101
 TEL 718-729-2373 FAX 718-472-9365



To Grant customers: Application is for the purpose of procuring and establishing credit with Grant Supplies.
 The undersigned Applicant agrees to provide and furnish all necessary documents to evaluate credit worthiness. Applicant represents and warrants said information is true and correct.

APPLICANT

LEGAL BUSINESS OR CORPORATE NAME			APPLICATION DATE		
D/B/A (IF APPLICABLE)			COMPANY WEBSITE OR E-MAIL ADDRESS		
COMPANY TAX ID#		DUN & BRADSTREET#		CONTRACTOR'S LICENSE NO.	
BUSINESS STREET ADDRESS			BILLING ADDRESS <input type="checkbox"/> SAME AS BUSINESS ADDRESS		
CITY	STATE	ZIP	CITY	STATE	ZIP
TELEPHONE	YEAR BUSINESS WAS ESTABLISHED		NUMBER OF EMPLOYEES		TYPE OF BUSINESS
FAX					<input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> LLC
WE ARE ENGAGED IN THE BUSINESS OF			APPROXIMATE ANNUAL GROSS SALES		BUSINESS BUILDING IS
					<input type="checkbox"/> OWNED <input type="checkbox"/> RENTED

Has Applicant or any of its Owners, Principals, Partners, Officers or Directors ever filed a voluntary petition in bankruptcy, been adjudged bankrupt or made an assignment for the benefit of creditors? <input type="checkbox"/> YES <input type="checkbox"/> NO	Has a judgement lien or civil suit been filed against Applicant or any of its Owners, Principals, Partners, Officers or Directors within the past six years? <input type="checkbox"/> YES <input type="checkbox"/> NO
Is Applicant or any of its Owners, Principals, Partners, Officers or Directors, a guarantor or endorser of debts or notes owed by other? <input type="checkbox"/> YES <input type="checkbox"/> NO	Are overdue taxes owed currently by Applicant to any taxing authority office? <input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have or anticipate acquiring an SBA (Small Business Administration) Loan? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE WRITE AMOUNT \$ _____	Credit Limit Requested: \$ _____

OWNERS IF APPLICANT IS A SOLE PROPRIETORSHIP OR PARTNERSHIP / **OFFICERS** IF A CORPORATION

NAME	TITLE	HOME ADDRESS	HOME PHONE NO.
			OWN <input type="checkbox"/> RENT <input type="checkbox"/>
			OWN <input type="checkbox"/> RENT <input type="checkbox"/>
			OWN <input type="checkbox"/> RENT <input type="checkbox"/>

BANK ASSOCIATION CHECKING, SAVINGS AND LOANS

NAME	BRANCH ADDRESS	ACCOUNT NO.	TYPE OF ACCOUNT

APPLICANT'S PRINCIPAL SUPPLIERS LIST AT LEAST THREE TRADE REFERENCES

NAME	ADDRESS	PHONE	FAX	ACCOUNT NO.	ACCOUNT OWED

APPLICANT: PLEASE COMPLETE AND SIGN REVERSE SIDE OF THIS FORM
 SPACES BELOW ARE FOR GRANT USE ONLY

CREDIT MANAGER APPROVAL	CREDIT RATING	APPROVAL DATE
		ACCOUNT NO.



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The Applicant, any named owner, principal, and any Guarantor of this Sales Agreement hereby authorize Grant or any credit bureau, credit reporting agency Dun & Bradstreet and similar companies, and investigative agencies employed by Grant to investigate and obtain credit reports, information, and data on the applicant, any named owners, principals, and guarantor to contact references herein listed pertaining to their credit and financial responsibility at any time, and from time to time, without any further authorization from applicant. If required, applicant, owners, principals, and guarantor agree to give written aurtherization to such entities to furnish information to Grant.

In consideration of the extension of credit by Grant applicant agrees to pay all bills in accordance with the terms expressed on the invoice within 30 days, except if the invoice permits payment at a later date, but, in no event, shall payment of the invoice be made later than 60 days from the date of the invoice. Applicant further agrees that if the goods, merchandise, or services ordered shall remain unpaid past due the due date, all unpaid past due amounts shall bear interest at the rate of 1.5% per month until paid. In the event that any suit or action is instituted to collect money due on applicant's account, whether principal or interest or both. Applicant agrees to pay, in the addition to the amount owed, all legal fees and collection agency fees incurred, including a reasonable sum for attorney's fees.

I/ we hereby declare and agree that the application information given is true and complete in all respects.

<i>Applicant Name</i>	<i>Guarantor Name</i>
<i>Signature</i>	<i>Signature</i>
<i>Date</i>	<i>Date</i>

GUARANTEE AND AUTHORIZATION TO RELEASE INFORMATION

Personal guarantor agrees to all terms and to be held accountable without limitations of all liability in the event that applicant does not meet financial responsibility. The undersigned hereby unconditionally and absolutely guarantees to and for Grant the due performance, including, without limitations, the prompt payment when due, whether at stated maturity, by acceleration or otherwise and at all times thereafter, of any and all obligation of Applicant now or hereafter owed to Grant under contract or agreement or course of dealing now or hereafter entered into or engaged in between Grant and Applicant. (the "Obligation").

Guarantor hereby authorizes release of information from any and all of the following credit bureaus, credit reporting agencies, investigative agencies, references and other sources which bear on the Guarantor's credit worthiness and financial responsibility and grant the right to Grant to obtain from such entities and sources information it deems necessary to enable it to evaluate the guarantee on behalf of the Applicant. Guarantor further authorizes Grant to obtain information and the release of information on the credit and financial responsibility on the guarantor at any time, and from time to time, without any further authorization. In addition, Guarantor hereby authorizes the release to Grant of all information requested by Grant pertaining to Guarantor's accounts, business practices and credit history. If required, the Applicant agrees to give written authorization to such entities to furnish information to Grant.

<i>Guarantor Name</i>	<i>Signature</i>	<i>SS No.</i>
<i>Address</i>	<i>City</i>	<i>State</i>
<i>Telephone No.</i>	<i>Fax No.</i>	<i>Cell Phone No.</i>

Please attach the following documents along with your application:

- Business Registration** **Company Tax ID** **Guarantor ID**

Upon receipt of your application Grant will evaluate and furnish response within 5 to 7 business days.
 If you have any questions please contact our **Credit Analyst, Tiffany Noh** at 718-371-6023

You can view your account online at www.grantep.com
 For access to your account please contact our A/R Department for login information