

POMPA BROS. INC.
BUSINESS CREDIT ACCOUNT APPLICATION
5 Petrified Gardens Road Saratoga Springs, NY 12866

Applicant Name: _____ **Div / DBA** _____ **DATE:** _____

Billing Address: _____
Street Address City State Zip Code

Physical Address: _____
Street Address City State Zip Code

Phone: () _____ **Ext.** _____ **Fax:** () _____ **Cell #:** () _____ **(Name)** _____

Business Information: Type of Business _____ (Excavator, Builder, Contractor). **Year Organized** _____ **Which State?** _____

Circle One **INDIVIDUAL** **PARTNERSHIP** **CORPORATION** **LLC** **NON-PROFIT**

Federal Tax ID / SS# _____ **TAX EXEMPT** _____ (Must submit Completed Tax Exemption Certificate)

Accounts Payable Contact: _____ **Phone #:** () _____ **Ext:** _____

Purchase Orders Required? YES _____ **NO** _____ ;If Yes, Verbal or Print Copy? _____ **MUST be provided PRIOR to PURCHASES.**

CREDIT LINE REQUESTED? _____ **Per 30 Day Billing Cycle**

| <u>OFFICERS NAME</u> | <u>TITLE</u> | <u>HOME PHONE</u> | <u>EMAIL</u> |
|----------------------|--------------|-------------------|--------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

CREDIT CARD INFORMATION MASTERCARD / VISA

CREDIT CARD # _____ **EXP DATE:** _____ **SECURITY CODE** _____

Cardholder NAME: _____ **PHONE #:** _____

Card Billing Address: _____
Street Address City State Zip Code

This information will be kept strictly confidential. Any account balances exceeding 60 days will automatically be charged to applicants' credit card including service charges accrued up to latest statement date. A receipt will be mailed to above address upon the posting of a charge. Invalid /Fraudulent information will be cause for Termination of Charge Account. **Failure to provide required CC information will delay charge account approval.**

| <u>BANK REFERENCE: NAME</u> | <u>ACCT#</u> | <u>PHONE #</u> | <u>FAX #</u> |
|-----------------------------|--------------|----------------|--------------|
| _____ | _____ | _____ | _____ |

| <u>TRADE / CREDIT REFERENCES:</u> (Must include material suppliers) | <u>PHONE #</u> | <u>FAX #</u> |
|---|----------------|--------------|
| <small>NAME</small> _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Above applicant requests charge account with Pompa Bros. Inc.(PBI) and certifies that all information and guarantees provided herein are valid and will be used in extending credit for goods and services. Applicant hereby authorizes PBI or its agencies to investigate all background information provided herein or otherwise, including applicants' bank records and agrees to pay PBI for all material and services purchased, plus finance charges of 2% per month on balances exceeding 30 days including but not limited to all expenses related to bank charges, interest, attorneys' fees and collection agency fees if the account is turned over for collection. Applicant authorizes PBI to charge credit card provided above for balances over 60 days including 2% finance charges on past due portions and bank charges incurred for returned checks. The undersigned unconditionally guarantees payment for all materials and services provided from PBI through both applicant and personally.

Individual Guarantor – Signature _____ / / _____
Date

Print Name _____

Social Security Number _____

Individual Guarantor – Signature _____ / / _____
Date

Print Name _____

Social Security Number _____

OFFICE USE ONLY: APPROVED _____ **DENIED** _____ **REASON:** _____ **DATE** _____

ACCOUNT # _____ **CREDIT LIMIT:\$** _____ **P.O. REQUIRED:** _____