

Credit Application



Please complete all requested information prior to submitting for approval. Credit availability is at the sole discretion of supplier.

498 Conklin Ave.
 Binghamton, NY 13903
 1-866-438-3087 (p) :: 607-352-1474 (f)
 sales@everydayinnovations.com

Company Information

Company Name		Trade Name/DBA	
Billing Address		Shipping Address	
City/State/Zip		City/State/Zip	
Phone () -	Fax () -	Email	
Public Corp <input type="checkbox"/> Private Corp <input type="checkbox"/> Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Government <input type="checkbox"/>	Date Established: _____ No. of Employees: _____	Federal Tax ID or Soc Sec #	
State of Incorporation: S.I.C. Code	Annual Sales	Other Business Affiliations:	
Sales Tax Status: Tax # User <input type="checkbox"/> Reseller <input type="checkbox"/> Multi State <input type="checkbox"/>	Parent Company (if any) Phone () -	Years at Location	
Type of Business:	Primary Location Own <input type="checkbox"/> Rent <input type="checkbox"/>	If Renting, Name & Phone # of Facility Owner:	
Website URL:	ASI #: (if applicable)	PPAI #: (if applicable)	Other Industry #: (if applicable)

Full Name of Owner(s) or Authorized Officer(s) & Accounts Payable Contact

Name	Title	Social Security #
Home Address	City/State/Zip	Phone () -
Name	Title	Social Security #
Home Address	City/State/Zip	Phone () -
Name	Title	Social Security #
Home Address	City/State/Zip	Phone () -
Accounts Payable Contact	Direct phone or extension	

Have any of the companies or individuals above ever been or are now a debtor in a bankruptcy proceeding? **Yes** **No**

Has any judgment ever been entered against any of the companies or individuals listed above? **Yes** **No**

Are there any legal actions or arbitrations pending against any of the companies or individuals listed above? **Yes** **No**

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Current Major Trade References

Company Name	Contact/Account #	Phone () -
Address	City/State/Zip	Fax () -
Company Name	Contact/Account #	Phone () -
Address	City/State/Zip	Fax () -
Company Name	Contact/Account #	Phone () -
Address	City/State/Zip	Fax () -
Company Name	Contact/Account #	Phone () -
Address	City/State/Zip	Fax () -
Company Name	Contact/Account #	Phone () -
Address	City/State/Zip	Fax () -

Bank References

Bank Name	Contact	Phone () -
Address	City/State/Zip	Account #
Bank Name	Contact	Phone () -
Address	City/State/Zip	Account #

I/we hereby apply for credit and affirm solvency, financial responsibility, ability and willingness to pay invoices in accordance with published terms. The above information as well as the attached financial statements, trade information and bank references is warranted to be true and complete. If applicable, I/we agree to pay a monthly finance charge of the maximum applicable state rate on all past due balances. I/we agree to pay all costs of collection & litigation on this account in accordance with the laws of the jurisdiction venue of the supplier's discretion. I/we agree that the decisions with respect to the extension or continuation of credit shall be in the sole discretion of the supplier.

Supplier terms are Net 30 days from invoice date unless otherwise stated and supplier may suspend terms in the event of past due accounts. In consideration of supplier extending credit to the Applicant, the undersigned unconditionally guarantees the prompt and complete payment of all amounts and the performance of all obligations that Applicant now or hereafter owes to supplier. The undersigned's obligations under this continuing guarantee are independent of Applicant's, and supplier may proceed directly against the undersigned without proceeding against the Applicant or otherwise pursuing any remedy against any person. The undersigned authorizes Everyday Innovations without notice and without affecting the undersigned's guarantee, from time to time to amend the terms of any agreements with applicant.

I/we understand that the following separate paragraph, when signed, will authorize the Creditor to run a complete and thorough credit investigation on the Applicant:

Date _____ **Signature** _____ **Title** _____

Date _____ **Signature** _____ **Title** _____

Date _____ **Signature** _____ **Title** _____



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