



Service You Can Build On Since 1901

10 Mill Road
Andover, NH 03216
Phone: 603-735-5544
Fax: 603-735-4134

Hours: Mon – Sat 7:00 a.m. to 5:00 p.m.

21 Sargent Road
Sunapee, NH 03782
Phone: 603-763-9070
Fax: 603-763-4934

BUSINESS CREDIT APPLICATION

(Please Print)

Company Name _____ Phone _____

Email Address _____ Fax _____

Address _____ How Long _____

Mailing Address _____

Circle One: Sole Owner Partnership Corporation Non-Profit

If Corporation, State File In _____ Years in Business _____

Name and Home Address of Owner, Partner or Corporate Officers:

Name _____ Title _____

Home Address _____ Home Phone _____

Social Security # _____ Cell Phone _____

Name _____ Title _____

Home Address _____ Home Phone _____

Social Security # _____ Cell Phone _____

Name _____ Title _____

Home Address _____ Home Phone _____

Social Security # _____ Cell Phone _____

Property Owned by Business and/or Principals:

Address _____

Address _____

Address _____

(over please)

Bank Reference:

Name _____ Address _____

Business Checking Account # _____ Loan Account # _____

Trade References:

Company Name _____ Phone _____

Address _____ Account # _____

Company Name _____ Phone _____

Address _____ Account # _____

Company Name _____ Phone _____

Address _____ Account # _____

Credit Rating (D&B) _____

Purchase Orders used by your employees: Yes No Monthly Credit Limit Desired \$ _____

Any Credit in excess of \$10,000 requires latest financial statements.

I, (We) authorize trade and bank references to release pertinent information on their experience in an effort to induce R.P. Johnson and Son to grant credit privilege on our behalf. I, (We) understand personal credit files will also be a part of this credit investigation and I, (We) so authorize this investigation.

GUARANTEE AND TERMS:

For value received the undersigned jointly and severally guarantee to R.P. Johnson & Son, Inc. the prompt payment of all sums due by the above named applicants. I, (We) agree that the balance in full will be paid by the tenth of the month and if such balance isn't paid by the next billing date (26th of the month), we agree to pay any and all finance charges added at the rate of two percent per month on the unpaid balance. Minimum finance charge of \$2.00.

I, (We) understand that the account will be placed on credit hold until all amounts overdue are paid in full. I, (We) agree to guarantee payment of all reasonable collection costs including attorney fees and court costs and fees incurred by R.P. Johnson and Son, Inc. in the collection of this account.

Name of Firm _____

Signature _____ Title _____ Date _____

Signature _____ Title _____ Date _____

Signature _____ Title _____ Date _____

SIGNATURES ALSO REQUIRED BELOW

I/We do hereby personally guarantee unconditionally all debts incurred by firm above.

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____