



Office and Warehouse
 194 Candlewood Rd.
 Bay Shore, NY 11706
 800 644 6449
 631-434-2775 fax
 www.edgecoinc.com

CREDIT APPLICATION

This Section Must Be Completed

Type of Business: Sole Proprietor		Partnership		Corporation		Fed ID or Soc. Sec #	
Company Name:						Phone:	
Address:						Fax:	
City:		County:		State:		Zip:	e-mail:
Ship To Address IF Different Than Above:							
Address:							
City:		County:		State:		Zip:	
Name of Company's Principal , Partner or Officers (Title):							
Home Address:							
City:		State:		Zip:		DRIVERS LICENSE #:	
Person to Contact Regarding Credit Matters							

Trade Credit References

Can Be Submitted on Separate documents

Company:		Phone:	
Address:		Fax:	
City:		State: Zip:	
Contact Person:		e-mail:	
Company:		Phone:	
Address:		Fax:	
City:		State: Zip:	
Contact Person:		e-mail:	
Company:		Phone:	
Address:		Fax:	
City:		State: Zip:	
Contact Person:		e-mail:	

Bank Reference

Bank:		Phone:		Fax:	
Contact Person:		Address:			
Checking Acct:		City:		State: Zip:	

COLLATERAL

WE WISH TO GUARANTEE THE ABOVE ACCOUNT WITH A CURRENT CREDIT CARD. EITHER AMERICAN EXPRESS, VISA OR MASTER CARD. WE AUTHORIZE Edgeco INC. CHARGE THIS ACCOUNT IF THE INVOICES ARE NOT PAID. IT IS ALSO UNDERSTOOD THAT THE APPLICANT MAINTAIN A CURRENT CREDIT CARD # ON FILE IN ORDER TO CONTINUE AN OPEN ACCOUNT.

CREDIT CARD TYPE: _____ ACCOUNT # _____ EXPIRES _____

SIGNED: X _____ DATE _____

CREDIT TERMS

Net 30 from date of invoice. At the end of 30 days, if the account remains unpaid, there may be a 1-1/2% service charge per month, or 18% per year on all balances outstanding.

ALL SALES ARE SUBJECT TO SALES TAX UNLESS A PROPERLY EXECUTED SALES TAX EXEMPTION FORM IS ON FILE AT Edgeco INC.

IN CONSIDERATION OF EDGECO INC. EXTENDING CREDIT TO x _____

IN EVENT THE ACCOUNT IS DEEMED UN-COLLECTABLE BY EDGECO INC., EDGECO INC. MAY TURN THE ACCOUNT OVER FOR COLLECTION AND MAY ADD REASONABLE COLLECTION AGENCY FEES, ATTORNEYS FEES, COURT COST & \$750.00, PLUS 1/3 OF PAST DUE BALANCE FOR ALL GOODS AND SERVICES WHICH EDGECO INC. WILL SUPPLY x _____

The undersigned has read, understood & agrees with the terms & conditions set forth herein & on the reverse side.

SIGNED _____ DATE _____ WITNESSED BY _____ DATE _____

PRINT NAME: _____ PRINT NAME: _____

Please Read Very Carefully, Both Sides, and Don't Forget to Sign and Enter Company Name Where Indicated