

CREDIT APPLICATION - PART 1

APPLICATION FOR CREDIT

MAIL TO: **GOOD-PROD SALES**
ATTENTION: CREDIT MANAGER
P.O. BOX 3540
CHERRY HILL, NJ 08034

IF FAXED, MUST ALSO MAIL ORIGINAL

PHONE: (888) 466-3053 ... EXT 257
 FAX: (856) 751-4709

Date: _____ Sales Person Name: _____ Credit Line Desired: \$ _____

Business Name: _____ Number of Store Locations: _____

Billing Address: _____ Shipping Address: _____

City, State & Zip: _____ City, State & Zip: _____

Phone Number: _____ Phone Number: _____

Fax Number: _____ Fax Number: _____

E-Mail Address: _____ E-Mail Address: _____

Have more than one shipping address? Attach separate sheet listing complete addresses for all shipping locations.

Accounts Payable Contact: _____

Purchase Order Required? Yes No

Type of Business: Corporation Partnership Proprietor

Number of Years in Business: _____

Estimated Yearly Purchases: \$ _____

Tax Exempt #: _____
 (Must have copy of certification)

Federal ID #: _____

PLEASE LIST NAMES, ADDRESSES AND SOCIAL SECURITY NUMBERS FOR YOUR OFFICERS, PARTNERS AND/OR OWNER:

<p>1</p> <p>_____ Name</p> <p>_____ Title</p>	<p>_____ Home Address</p> <p>_____ City, State & Zip</p>	<p>_____ Social Security #</p>
<p>2</p> <p>_____ Name</p> <p>_____ Title</p>	<p>_____ Home Address</p> <p>_____ City, State & Zip</p>	<p>_____ Social Security #</p>
<p>3</p> <p>_____ Name</p> <p>_____ Title</p>	<p>_____ Home Address</p> <p>_____ City, State & Zip</p>	<p>_____ Social Security #</p>

BANK REFERENCE:

_____ Bank Name	_____ Account Officer
_____ Bank Address	_____ Checking Account #
_____ City, State & Zip	_____ Savings Account #
_____ Phone Number	_____ Loan Account #

CREDIT APPLICATION - PART 2

TRADE REFERENCES:

<p>① _____ Business Name</p> <p>_____</p> <p>Phone Number</p>	<p>_____</p> <p>Type of Merchandise Sold</p> <p>_____</p> <p>City, State & Zip</p>	<p>_____</p> <p>Your Account #</p> <p>_____</p> <p>Fax Number</p>
<p>② _____ Business Name</p> <p>_____</p> <p>Phone Number</p>	<p>_____</p> <p>Type of Merchandise Sold</p> <p>_____</p> <p>City, State & Zip</p>	<p>_____</p> <p>Your Account #</p> <p>_____</p> <p>Fax Number</p>
<p>③ _____ Business Name</p> <p>_____</p> <p>Phone Number</p>	<p>_____</p> <p>Type of Merchandise Sold</p> <p>_____</p> <p>City, State & Zip</p>	<p>_____</p> <p>Your Account #</p> <p>_____</p> <p>Fax Number</p>
<p>④ _____ Business Name</p> <p>_____</p> <p>Phone Number</p>	<p>_____</p> <p>Type of Merchandise Sold</p> <p>_____</p> <p>City, State & Zip</p>	<p>_____</p> <p>Your Account #</p> <p>_____</p> <p>Fax Number</p>

CREDIT TERMS AND CONDITIONS:

A credit limit of \$_____ has been requested. It is understood that if this credit application is approved, payments to the account must be made in accordance with the terms stated on the customer's invoices. No discounts may be taken if the account falls past due, and any amount past due beyond the stated terms will be subject to a delinquent charge that will be determined by applying a periodic rate of 2% per month (Annual Percentage Rate of 24%) to the amount past due. Applicant(s) authorize Good Prod Sales to obtain credit and financial information concerning them at any time and from any source. I /We hereby grant Good Prod Sales a security interest in any products purchased from Good Prod Sales. In the event goods are returned for default payment, I agree to pay a 20% restocking charge. Good Prod Sales extends credit as a privilege and has the right to revoke credit and change terms at Good Prod Sales discretion. I understand that any claim for incorrect pricing, short shipment, or damaged merchandise must be made within twenty (20) days of receipt of invoices. Good Prod Sales will not recognize claims made after this period. All terms and conditions of this application are subject to the laws of the state of New Jersey. Should it become necessary to place the account with a district court, collection agency or attorney, the applicant(s) agrees to pay all collection costs and attorney fees in addition to all other sums due. Account, if opened, will be under the name exactly as it appears on this application and will not apply to any other name including any affiliated or related firms. A new application for credit is required in the event of any change of name or ownership. The credit limit may be increased or decreased at the discretion of Good Prod Sales without written notice. The undersigned, individually, jointly and severally agree to guarantee and assume personal responsibility and liability for all debts of such entity for all past and future purchases from Good Prod Sales. Applicant(s) warrant that the above agreement has been carefully read and that applicant(s) understands completely. Applicant(s) also warrants that all information provided is true and correct.

<p>① _____ Print Name - Owner</p> <p>_____</p> <p>Sign as Individual - NO TITLES</p> <p>_____</p> <p>Witness Signature</p>	<p>② _____ Print Name - Spouse</p> <p>_____</p> <p>Sign as Individual - NO TITLES</p> <p>_____</p> <p>Witness Signature</p>
<p>③ _____ Print Name - Co-Guarantor</p> <p>_____</p> <p>Sign as Individual - NO TITLES</p> <p>_____</p> <p>Witness Signature</p>	<p>④ _____ Print Name - Spouse</p> <p>_____</p> <p>Sign as Individual - NO TITLES</p> <p>_____</p> <p>Witness Signature</p>
<p>⑤ _____ Accepted By</p>	<p>⑥ _____ Date</p>