



# Utica Avenue

## Plumbing Supply

769 Utica Avenue, Brooklyn, NY 11203 | 268 Farmingdale Rd, Farmingdale, NY 11735  
Info: info@uticaps.com | Phone: (718) 774-3200 | Fax: (718) 774-3201 | www.uticaps.com

### Confidential Credit Application

Company's Legal Name \_\_\_\_\_ Trade Name, If Different \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Shipping Address If Different \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax. \_\_\_\_\_ Rated in D&B  Yes  No Rating \_\_\_\_\_

Email Address \_\_\_\_\_

Type of Business \_\_\_\_\_ Sales Tax No. \_\_\_\_\_ State \_\_\_\_\_

How Long In Business: \_\_\_\_\_ At Present Location \_\_\_\_\_  Own  Rent

If Rent, Landlord \_\_\_\_\_

Form of Business (Corp, Partnership, Proprietorship): \_\_\_\_\_

If Corporation, List Corporate Name \_\_\_\_\_ In State Of: \_\_\_\_\_

If A Subsidiary, Name Of Parent Co: \_\_\_\_\_

Line Of Credit Requested \_\_\_\_\_

Do You Carry Adequate: Fire Insurance \_\_\_\_\_? Liability Insurance \_\_\_\_\_?

Burglary Insurance \_\_\_\_\_? Forgery Insurance \_\_\_\_\_?

### Principal Owners/Officers

	Name	Title	Home Address	City, State, Zip	Home Phone No.
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____

**Commercial Credit References** (Please Furnish Complete Addresses)

Company Name	Address	City, State, Zip	Phone No.
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

**Bank Reference**

Name Of Bank \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Account Manager \_\_\_\_\_ Loan Account No. \_\_\_\_\_

Checking Account No. \_\_\_\_\_ Savings Account No. \_\_\_\_\_

Our Normal Credit Terms: NET 30. (2% Discount Not acceptable on Credit Card Payment)  
1.5% Per Annum, On Unpaid Balance Over 60 Days.

We certify that all the information on this form is correct; and that we fully understand your credit terms and agree to the proper payment in consideration of extended credit.

If the undersigned does not pay his account within sixty (60) days of the sale, we may also refer, at anytime, his account to an attorney for the collection during the period of default, any monies due and owing for merchandise by the undersigned, and undersigned will pay all reasonable attorney's fees, interest on said sum from date of billing, court costs, and sheriff's fees in collecting the money due.

Date \_\_\_\_\_ 20 \_\_\_\_\_

I, \_\_\_\_\_, residing at \_\_\_\_\_  
\_\_\_\_\_ for and in consideration of your extending credit at my

Request to \_\_\_\_\_ (hereinafter referred to as the "Company") of which I am \_\_\_\_\_, hereby personally guarantee to you the payment at Utica Avenue Plumbing Supply, Inc. in the state of New York of any obligation of the Company and I hereby agree to bind myself to pay you on demand any sum which may become due to you by the Company whenever the Company shall fail to pay the same. It is understood that this Guarantee shall be a continuing and irrevocable guarantee and indemnity for such indebtedness of the Company. I do hereby waive notice of default, non-payment and notice thereof and consent to any modification or renewal of the credit agreement hereby guaranteed.

Signature: **X** \_\_\_\_\_

Witness: **X** \_\_\_\_\_ (Notary Public)

Address: \_\_\_\_\_

**Invoicing Preference**

\_\_\_\_ Send my invoices via FAX. Please use this fax number: \_\_\_\_\_

\_\_\_\_ Send my invoices via e-mail. Please use this e-mail address: \_\_\_\_\_



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## CREDIT CARD AUTHORIZATION FORM

**Fax # 718-774-3201**  
**info@uticaps.com**

Please complete this form and fax or email back to us.

I, \_\_\_\_\_ authorize Utica Avenue Plumbing Supply to charge my credit card for the following charges \$\_\_\_\_\_. This charge is for Order #\_\_\_\_\_.

Type of Credit Card:

**VISA**     **MasterCard**     **AMERICAN EXPRESS**     **DISCOVER**

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_ / \_\_\_ (Two digit month, four digit year)

CVV Code \_\_\_\_\_

Name as it appears on the card \_\_\_\_\_

Billing Address \_\_\_\_\_

Billing Zip Code \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Today's Date \_\_\_ / \_\_\_ / \_\_\_ (Two digit month, two digit day, four digit year)