

355 Hiatt Drive Suite B · Palm Beach Gardens, FL 33418 561-626-5700 · 800-627-2646 · Fax 561-627-3574 www.wrisco.com · credit@wrisco.com

CREDIT APPLICATION – NEW ACCOUNT FORM

Legal Business Name (List all Trade Names, DBA's and specify any Divisions or Subsidiaries) Street Address	Date					
(List all Trade Names, DBA's and specify any Divisions or Subsidiaries) Street Address	A. APPLICANT					
Street Address	Legal Business N	Name				
Mailing Address			(List all Trade Nam	es, DBA's and specify ar	ny Divisions or Subsidiaries))
Mailing Address	Street Address			City	State	Zip
Ship-to Address Estimated Annual Sales Estimated Annual Sales Amount of Credit Requested. \$Type of Business B. BUSINESS INFORMATION EIN [Federal Tax Identification No.] (if applicable) or SS#						
Estimated Annual Sales Person to contact about accountAmount of Credit Requested. \$ Type of Business How Long in Business	Phone		Fax	Email		
Estimated Annual Sales Person to contact about accountAmount of Credit Requested. \$ Type of Business How Long in Business	Ship-to Address					
B. BUSINESS INFORMATION FEIN (Federal Tax Identification No.) (If applicable) or SS# or SS# Sole Proprietorship Partner Partnership Partner Partner Corporation/LLC (Circle one) Treasurer/Member Scentary/Member Treasurer/Member Other LP / LLP / Joint Venture / Trust (Circle one) Principal/Partner/Trustee Principal/Partner/Trustee Sales Tax Exemption Certificate IPs INO (If yes, enclose signed certificate or copy) C. BANKING INFORMATION Bank Phone						
FEIN (Federal Tax Identification No.) (If applicable) or SS# Sole Proprietorship	Amount of Cred	lit Requested. \$	Туре	of Business	How Long in	Business
Sole Proprietorship Partner Partner Partner Partner Partner Vice President/Member Secretary/Member Vice President/Member Principal/Partner/Trustee Principal/Partner/Trustee Vice President/Member Vice President/Member Vice President/Member Vice President/Member Principal/Partner/Trustee Vice President/Member Principal/Partner/Trustee Principal/Partner/Trustee Vice President/Member Vice President Vice Pr	B. BUSINESS INI	FORMATION				
Sole Proprietorship Partner Partner Partner Partner Partner Vice President/Member Secretary/Member Vice President/Member Principal/Partner/Trustee Principal/Partner/Trustee Vice President/Member Vice President/Member Vice President/Member Vice President/Member Principal/Partner/Trustee Vice President/Member Principal/Partner/Trustee Principal/Partner/Trustee Vice President/Member Vice President Vice Pr	FEIN (Federal Ta	ax Identification No	.) (If applicable)		or SS#	
Partnership Partner						
Partner Corporation/LLC (Circle one) President/Member Secretary/Member Cother LP / LIP / Joint Venture / Trust (Circle one) Principal/Partner/Trustee Principal/Partner/Trustee Principal/Partner/Trustee Sales Tax Exemption Certificate Yes No (if yes, enclose signed certificate or copy) C. BANKING INFORMATION Bank Phone Phone Account. No Type of Account Account. No Type of Account Date D. TRADE REFERENCES (Please provide six references) Name Contact Date 1	Partnership					
Corporation/LLC (Circle one) President/Member						
President/Member	□ Corporation/L					
Secretary/Member				Vice Pre	esident/Member	
Other LP / LLP / Joint Venture / Trust (Circle one) Principal/Partner/Trustee Principal/Partner/Trustee Sales Tax Exemption Certificate Sales Tax Exemption C						
Principal/Partner/Trustee Sales Tax Exemption Certificate Yes No (if yes, enclose signed certificate or copy) C. BANKING INFORMATION Bank Phone	Other LP / LLF					
Principal/Partner/Trustee Sales Tax Exemption Certificate Yes No (if yes, enclose signed certificate or copy) C. BANKING INFORMATION Bank Phone						
Sales Tax Exemption Certificate Yes No (if yes, enclose signed certificate or copy) C. BANKING INFORMATION Bank Phone Address City State Zip Officer Contact Account. No Type of Account Account. No Type of Account I hereby authorize bank named above to release information requested for the purpose of obtaining and/or reviewing credit. Signature Date D. TRADE REFERENCES (Please provide six references) Name Contact Address Phone Fax 1						
Address City StateZip			∃Yes □No (if yes, er	nclose signed certificate or co	ру)	
Officer Contact Account. No Type of Account Account. No Type of Account Type of Account I hereby authorize bank named above to release information requested for the purpose of obtaining and/or reviewing credit.						
Account. No						
I hereby authorize bank named above to release information requested for the purpose of obtaining and/or reviewing credit. Signature Date D. TRADE REFERENCES (Please provide six references) Name Contact Address Phone Fax 1. 2. 3. 4. 5.	Officer Contact					
Signature Date D. TRADE REFERENCES (Please provide six references) Name Contact Address Phone Fax 1. 2. 3. 4. 5.			Account.	No	Type of Account	
Name Contact Address Phone Fax 1.	I hereby authorize l	bank named above to r	elease information requ	lested for the purpose of obta	aining and/or reviewing credit.	
Name Contact Address Phone Fax 1.	Signature				Date	
Name Contact Address Phone Fax 1.	D. TRADE REFE	RENCES (Please provid	e six references)			
1.				Address	Phone	Fax
2						
3 4 5						
4 5						
5						
	6					

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The preceding information is for the purpose of obtaining credit and is warranted to be true. I/We hereby authorize Wrisco Industries Inc. to investigate all references and customary credit information sources including consumer credit reporting repositories (see Consent to Obtain Consumer Credit Report below) regarding my/our credit and financial responsibility for the purpose of obtaining credit and for periodic review for the purpose of maintaining the credit relationship.

CREDIT POLICY: Statements are rendered as of the Wrisco Industries Inc.'s Terms. COD restrictions may be placed on any past due account.

CREDIT TERMS: All invoices are due per Wrisco Industries Inc.'s Terms. A service charge of one-and-one-half percent (11/2%) per month or eighteen percent (18%) per annum may be assessed on delinquent invoices but not to at any time exceed the highest legal rate of interest legally allowed. A service charge at the maximum allowed by law can be applied for any returned check. I (we) agree to pay account promptly within terms stated.

VENUE: All amounts due for purchases from Wrisco Industries Inc. are payable in U.S. dollars. It is further understood that this agreement is entered into in the state of Florida, county of Palm Beach and is governed by the internal laws (but not the conflict laws) of the state of Florida, and you agree that any collection action or lawsuit of any type may be filed in any court of competent jurisdiction in Florida, in Wrisco Industries Inc.'s discretion.

CHANGE OF OWNERSHIP: I/We understand that we must notify Wrisco Industries Inc. in writing and by certified mail of any change in ownership, the name of the business or structure of the business under which credit is established, within thirty (30) days of the date such change is effective.

COLLECTION AND ATTORNEY'S FEES: In the event of default, and if this account is turned over to an agency and/or an attorney for collection, the undersigned agrees to pay all reasonable attorney's fees, and/or costs of collection whether or not suit is filed.

CERTIFICATE OF USE: I/We certify that this request is for the extension of credit for business purposes only and not for the extension of credit for personal, family or household purposes.

AUTHORITY OF SIGNATURE AND TITLE: The person executing this agreement has the authority to bind the customer and is authorized by the customer to enter into the credit application terms and conditions:

Firm Name	
Ву	Title
Ву	Title

CONSENT TO OBTAIN CONSUMER CREDIT REPORT

The undersigned individual who is principal proprietor or partner of the entity applying for business credit, and therefore desirous of a business relationship with Wrisco Industries Inc., recognizing that his or her individual credit history may be a factor in the evaluation of the credit history of the applicant, hereby consents to the use of the consumer credit report of the undersigned by Wrisco Industries Inc. as may be necessary in the credit evaluation process and for periodic review for the purpose of maintaining the credit relationship.

Sign Name	Print Name	Date
Sign Name	Print Name	Date
The undersigned personal guaranter	recognizing that his or her individual c	redit history may be a necessary factor in

undersigned personal guarantor, recognizing that his or her individual credit history may be a necessary factor in the evaluation of this personal guarantee, hereby consents to and authorizes the use of a consumer credit report on the undersigned, by the above named business credit grantor, from time to time as may be needed, in the credit evaluation process.

Sign Name	Print Name	Date
Sign Name	Print Name	Date
Witness		

The Federal Equal Credit Opportunity Act (ECOA) prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has, in good faith, exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with law concerning this creditor is the Federal Trade Commission, Division of Credit Practices, 600 Pennsylvania Avenue NW, Washington, DC 20580.