

**S. Freedman & Sons, Inc.**  
**Confidential Credit Application and Agreement**

Complete and fax to: 301-773-0485 or 800-846-9431

Sales Rep Name / #:  
\_\_\_\_\_

Date: \_\_\_\_\_

Legal Business Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
\_\_\_\_\_

Trade Name \_\_\_\_\_  
Delivery Address \_\_\_\_\_  
\_\_\_\_\_

Telephone Number \_\_\_\_\_  
Payables Contact \_\_\_\_\_

Fax Number \_\_\_\_\_  
Email Address \_\_\_\_\_

Type of Business: Corporation \_\_\_\_\_ LLP \_\_\_\_\_ LLC \_\_\_\_\_ Partnership \_\_\_\_\_ Sole Proprietor \_\_\_\_\_

**Principal(s) Information**

Name \_\_\_\_\_  
Title \_\_\_\_\_  
Home Address \_\_\_\_\_  
\_\_\_\_\_  
Home Phone \_\_\_\_\_  
Social Security # \_\_\_\_\_

Name \_\_\_\_\_  
Title \_\_\_\_\_  
Home Address \_\_\_\_\_  
\_\_\_\_\_  
Home Phone \_\_\_\_\_  
Social Security # \_\_\_\_\_

Number of years under current ownership \_\_\_\_\_  
Other locations currently owned \_\_\_\_\_  
FEIN \_\_\_\_\_  
Tax Exempt/Resale # \_\_\_\_\_

Do you require purchase order numbers? \_\_\_\_\_  
Do you require priced packing slips? \_\_\_\_\_  
Amount of credit requested? \_\_\_\_\_  
Anticipated monthly purchases? \_\_\_\_\_

How do you prefer to receive your invoices & statements? Mail \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

**Trade References - Similar industry references preferred. Do not list credit cards or utility companies**

Company Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone # \_\_\_\_\_ Acct # \_\_\_\_\_

Company Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone # \_\_\_\_\_ Acct # \_\_\_\_\_

Company Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone # \_\_\_\_\_ Acct # \_\_\_\_\_

Company Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone # \_\_\_\_\_ Acct # \_\_\_\_\_

**Bank Reference**

Bank Name \_\_\_\_\_ Phone # \_\_\_\_\_ Account # \_\_\_\_\_

**I/We hereby authorize S. Freedman & Sons, Inc. to investigate any and all credit history involving the above Applicant.**

The undersigned, in his/her capacity as an officer of the Applicant as indicated below, represents and warrants that the information contained in this Application is true and correct and acknowledges that S. Freedman & Sons is considering extending credit to the Applicant based on the information contained in this document. Invoices are payable according to terms. By the Applicant's execution of this document, the Applicant agrees (i) to pay late charges of 1.5% monthly on any balances past due, (ii) to pay a service charge for returned unpaid checks from our bank equal to the amount charged to S. Freedman & Sons, (iii) and to pay all costs, including court and collection costs and attorneys' fees, as incurred by S. Freedman & Sons for the collection of past due amounts. Applicant and S. Freedman & Sons, Inc. agree that any contractual disagreement shall be governed by the laws of the State of Maryland and any litigation arising out of this agreement shall be in Prince Georges County, Maryland. The undersigned represents and warrants that he/she is authorized and empowered to execute this document on behalf of the Applicant and holds the office or position represented below.

Signature of Officer \_\_\_\_\_

Title \_\_\_\_\_

Printed Name of Officer \_\_\_\_\_

12/05