



**CREDIT APPLICATION**

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

The following information is given for the purpose of obtaining credit from:

**Fryburg Door**

*a division of Mullet Cabinet, Inc.*

6086 State Route 241 Millersburg, Ohio 44654

Phone: (330) 674-5252 Fax: (855) 781-3371 / (330) 674-1877

**APPLICATION INFORMATION**

Legal Business Name: \_\_\_\_\_ Federal ID or S.S. # \_\_\_\_\_

Trade Name (if different): \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Website: \_\_\_\_\_ Accounts Payable Manager: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Years in Business: \_\_\_\_\_

Annual Sales Volume: \_\_\_\_\_ Credit Line Requested : \_\_\_\_\_

**OWNERSHIP**

Owner's Name: \_\_\_\_\_ S.S.#: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

**TRADE REFERENCES** (These are companies that you do business with.)

1.) Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

2.) Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

3.) Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

**BANK REFERENCE**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Bank Contact: \_\_\_\_\_



**APPLICANT STATEMENT**

I agree to pay the full purchase price for all goods, materials, equipment and/or services purchased from Fryburg Door, a division of Mullet Cabinet, Inc. within thirty (30) days of the billing date shown on each invoice or monthly account statement. If I do not make a full payment within thirty (30) days of the billing date on any invoice or monthly account statement, I agree that in addition to any unpaid balance of principal, I will be subject to and hereby agree to pay a service charge of one and one-half percent (1.50%) per month (annual percentage rate of 18%), in addition to Fryburg Door’s legal fees incurred in collecting all delinquent account balances. I further agree to be bound by all of the terms and conditions set forth on both sides of any and all Fryburg Door’s invoices or monthly account statements. My signature below indicates that I have read, understood, agree and covenant to be bound by the terms set forth in this Application and Fryburg Door’s invoices and account statements and that all information I have provided herein is true and accurate.

I hereby authorize the credit references named herein, in addition to any credit service companies or bureaus, to release any and all requested financial and credit information known to them to Fryburg Door to be used for the purpose of evaluating this Application for Credit. I also represent that this account will be used for business, commercial or agricultural use.

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

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

**PERSONAL GUARANTEE**

For value received, the undersigned, being an officer, shareholder, member or partner of the commercial applicant referenced above, does absolutely, irrevocably, unconditionally, and personally guarantee the prompt and punctual full payment, when due, by acceleration or otherwise, of each and every debt obligation now existing or hereafter incurred created or acquired of by said commercial applicant to Fryburg Door together with a; finance charges, penalties, and other costs and expenses accruing thereon ( including but not limited to Fryburg Door’s reasonable legal fees.)

Guarantor Signature: \_\_\_\_\_ S.S.#: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_