

May be faxed to: 631-533-9900, emailed [to: credit@marjamap.com](mailto:to:credit@marjamap.com)
 or mailed to: 885 Conklin St., Farmingdale, NY 11735

HARTFORD, CT 860.953.7333
 NEWARK, DE 302.283.1020
 FT MYERS, FL 239.938.0162
 JACKSONVILLE, FL 904.288.0440
 MIAMI, FL 305.650.8900
 ORLANDO, FL 407.872.7779
 WALDORF, MD 301.396.4158
 HARWICH, MA 508.432.4200
 STONEHAM, MA 781.279.7900
 MANCHESTER, NH 603.668.1000



NEWARK, NJ 973.824.4420
 PLEASANTVILLE, NJ 609.407.1234
 WALL TWP, NJ 732.938.5005
 ALBANY, NY 518.435.1111
 BROOKLYN, NY 718.388.6465
 FARMINGDALE, NY 631.249.4900
 GREENPORT, NY 631.477.0400
 MATTITUCK, NY 631.298.8559
 NEWBURGH, NY 845.565.6500
 PHILADELPHIA, PA 215.338.9900

DRYWALL - ACOUSTICS - LUMBER - POWER TOOLS - FLOORING - ADHESIVES - DOORS - WINDOWS - INSULATION - SIDING - ROOFING

CREDIT APPLICATION AND AGREEMENT

A#: _____ Date: _____
 Company/Account Name: _____ Sales Rep: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____
 Co Email: _____ Personal Email: _____
 Type of business: _____ Corporation _____ Partnership _____ Sole Proprietorship _____ Federal ID: _____
 Years in business: _____ Are you tax exempt? _____ If yes, please forward tax exempt forms
 Are your jobs bonded? _____ If yes, which bonding company do you use? _____
 Have you ever filed bankruptcy? _____ Yes _____ No Do you have any liens or judgments against you? _____
 Accounts Payable bookkeeper's name: _____ Cell: _____ Email: _____
 Purchasing agent's name: _____ Cell: _____ Email: _____

PRINCIPAL'S / OWNER'S INFORMATION

Name: _____ Name: _____
 Address: _____ Address: _____
 City, State, Zip: _____ City, State, Zip: _____
 Home Phone: _____ Cell: _____ Home Phone: _____ Cell: _____
 Social Security # _____ Social Security # _____
 Date of Birth: _____ Spouse's Name: _____ Date of Birth: _____ Spouse's Name: _____
 Do you own or rent your home _____ Do you own or rent your home _____
 Signature of person completing on behalf of applicant _____

CREDIT TERMS AND CONTINUING PERSONAL GUARANTEE OF PAYMENT

For the purpose of inducing the extension of credit from MARJAM to the applicant, identified above, and its successors and or assign, the undersigned warrants and represents that the statements made and information provided herein are complete, correct and true, with the intent that strict reliance be placed thereon in extending and continuing credit, to the above applicant. In order to further induce you to sell merchandise on credit, the undersigned jointly and/or severally unconditionally and irrevocably guarantees the full and prompt payment of any indebtedness of the applicant, to MARJAM including finance/late charges in the amount of 2% per month. In the event that legal action is instituted to enforce payment of the amount due pursuant to such extension of credit, the undersigned jointly and severally guarantees to be liable for all attorney's fees in the amount of 33% of the balance owed, including all costs and expenses incurred by MARJAM for such a situation. In the event of non-payment by the referenced business, MARJAM will be entitled to payment from the undersigned or his heirs, without prior demand or notice and without proceeding against the applicant first. The undersigned states that I/WE have read and are familiar with the terms and conditions of sale and I/WE agree to be bound by them. The applicant agrees that at MARJAM'S option, jurisdiction over any and all disputes shall repose in Suffolk County, State of New York. I/WE agree that during review of this agreement, MARJAM may obtain a consumer report on me/us and at any time in the future obtain additional consumer reports to review my/our account. For the purpose of this Credit Application and Agreement facsimile and or email signatures shall in all respects be equivalent to and constitute original signatures and an original document.

EXECUTION OF THIS INSTRUMENT CONSTITUTES A PERSONAL GUARANTEE ON MY/OUR PART(S).

Print Name: _____ Signature: _____ Date: _____
 Spouse Name: _____ Signature: _____ Date: _____
 Print Name: _____ Signature: _____ Date: _____
 Spouse Name: _____ Signature: _____ Date: _____

A copy of a valid driver's license MUST accompany all applications for credit
ALL NYC (5 boroughs) contractors must attach a copy of Contractors License

BANK NAME: _____
ADDRESS: _____
TELEPHONE#: _____
CONTACT/BANKER: _____
CHECKING ACCT: _____
SAVINGS ACCT#: _____

**CREDIT CARDS WILL NOT BE ACCEPTED AS TRADE REFERENCES
PLEASE SUBMIT 3 OF YOUR MOST RECENT TRADE STATEMENTS**

CREDIT REFERENCE (1)

ADDRESS: _____
TELEPHONE#: _____ YOUR ACCOUNT # _____ FAX # _____

CREDIT REFERENCE (2)

ADDRESS: _____
TELEPHONE#: _____ YOUR ACCOUNT # _____ FAX # _____

CREDIT REFERENCE (3)

ADDRESS: _____
TELEPHONE #: _____ YOUR ACCOUNT # _____ FAX # _____

CREDIT REFERENCE (4)

ADDRESS: _____
TELEPHONE#: #: _____ YOUR ACCOUNT # _____ FAX # _____

YOUR COMPANY NAME: _____

WE GIVE PERMISSION TO THE ABOVE VENDORS TO PROVIDE A CREDIT REFERENCE ON US.
PLEASE SIGN: _____

PLEASE TELL US MORE ABOUT YOURSELF:

1. What type of contractor are you? General ___ Subcontractor ___ Architectural Woodworker ___ Other ___
2. Our jobs are: ___ Commercial ___ Residential ___ Government/City Open ___ Credit Line Requested ___
3. What is your specialty? Roofing ___ Drywall ___ Acoustical ___ General Contractor ___ Cabinetry ___ Store Fixtures ___
Display MFG ___ Furniture ___ Other ___
4. What type of material will you be buying most? Lumber ___ Drywall ___ Steel ___ Sheetrock ___ Ceiling ___
Hardwood ___ Plywood ___ Flake ___ Fiber ___ Construction Plywood ___ Other ___
5. Have you operated under another name? Yes ___ No ___
If yes, under what name _____

Do you have a credit card that we may keep on file to charge your account, if over 60 days?

If yes, Name on the card: _____ Which card: AMEX ___ Visa ___ MC ___ Discover ___

Credit Card No.: _____ Exp. Date: _____ Security Code: _____

Signature of Named Cardholder: _____

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