

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



*Drywall – Acoustics – Lumber – Flooring – Power Tools – Doors & Windows – Insulation – Siding – Roofing & more...*

### 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 1.5% 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 costs of collection, including attorney's fees and court costs involved in collecting such debt. 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).

**\*\*NO DIGITAL OR STAMPED SIGNATURES ACCEPTED\*\***

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  
This credit application applies to Marjam Supply of Florida, LLC**

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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