



PORTA PRO
 855 HYLTON ROAD
 PENNSAUKEN, NJ 08110
 PHONE: 856-665-8282
 FAX: 856-665-2648

CREDIT APPLICATION

Bill To:		Ship To:	
Address:		Address:	
City, State, Zip:		City, State, Zip:	
Phone:	Fax:	Email:	
Business Structure: Sole Proprietorship Partnership Corporation	Financial Statements Attached? Yes No	Years in business?	Type of business:
PRINCIPALS IN BUSINESS			
Name:		Title:	
Name:		Title:	
BANK REFERENCE			
Name:		Address:	
Contact Name & Title:		City, State, Zip:	
Phone:		Fax or Email:	
GENERAL INFORMATION			
Purchasing Contact:		Accounts Payable Contact:	
Phone:	Email:	Phone:	Email:
Initial Order Amount:	Monthly Requirements:	DNB #:	
Backorders Allowed?	Sales Tax # & State:	Requested Line of Credit:	
TRADE REFERENCES			
Company Name:		Contact Name & Title:	
Address:		Phone:	
City, State, Zip:		Fax:	
Company Name:		Contact Name & Title:	
Address:		Phone:	
City, State, Zip:		Fax:	
Company Name:		Contact Name & Title:	
Address:		Phone:	
City, State, Zip:		Fax:	
Company Name:		Contact Name & Title:	
Address:		Phone:	
City, State, Zip:		Fax:	
Company Name:		Contact Name & Title:	
Address:		Phone:	
City, State, Zip:		Fax:	
Company Name:		Contact Name & Title:	
Address:		Phone:	
City, State, Zip:		Fax:	

The undersigned certifies that all information in this credit application is complete, factual, and correct, and understands the supplier will rely on the accuracy of this information for any credit that may be extended. Supplier is hereby expressly authorized to contact any parties listed herein and to verify any information contained in this credit application. The undersigned hereby waives any privacy of credit information rights or regulations.

Interest at the rate of 1 1/2% per month (18% per annum) will be charged when payment is not received by the due date. Applicant, by signing this credit application, agrees that should collection or legal action become necessary to obtain payment for credit purchases, all costs of collection, including, but not limited to collection agency fees, court costs, lien filing fees and other collection costs will be paid by the Applicant.

Personal Guarantee

The undersigned hereby agrees to unconditionally, absolutely and personally guaranty the payment of all amounts due by the Applicant to Porta Pro, including interest on past due balances and all expenses of collection and reasonable attorneys' fees and costs incurred by Porta Pro. The undersigned hereby expressly waives all notices and agrees that this Guaranty shall continue in full force and effect until all amounts due from the applicant to Porta Pro have been paid in full.

Please return the completed form with a copy of current sales tax exemption certificate if applicable.

Application will not be processed unless properly completed, dated and signed by an authorized representative of the company.

Signature: _____

Title: _____

Print Name: _____

Date: _____

Internal Use Only:

Approved By: _____

Date: _____

Credit Limit Amount: _____