



1440 North 6th Street
 Reading, PA 19601
 610-376-8037
 800-422-8140
 FAX 610-376-0171

CREDIT APPLICATION
 (PLEASE PRINT OR TYPE)

APPLICANT (BUSINESS OR CORPORATE NAME)		APPLICATION DATE	
BUSINESS STREET ADDRESS	CITY	STATE	ZIP
BILLING ADDRESS (STREET OR P.O. BOX)	CITY	STATE	ZIP
BUSINESS TELEPHONE NO.	BUSINESS FAX NO.	RESALE PERMIT OR SALES TAX NO.	
FORM OF BUSINESS: <input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION			
YEAR ESTABLISHED	ENGAGED IN THE BUSINESS OF	ESTIMATED MONTHLY PURCHASES	
BUSINESS BUILDING IS: <input type="checkbox"/> OWNED <input type="checkbox"/> RENTED			

NAME OF LANDLORD		LANDLORD'S TELEPHONE NO.	
LANDLORD'S ADDRESS	CITY	STATE	ZIP

OWNERS (IF APPLICANT IS A SOLE PROPRIETORSHIP OR PARTNERSHIP) OR OFFICERS (IF A CORPORATION)

NAME	TITLE	S.S.N.	HOME PHONE NO.
HOME ADDRESS	CITY	STATE	ZIP
NAME	TITLE	S.S.N.	HOME PHONE NO.
HOME ADDRESS	CITY	STATE	ZIP
NAME	TITLE	S.S.N.	HOME PHONE NO.
HOME ADDRESS	CITY	STATE	ZIP

BANK OR SAVINGS AND LOAN ASSOCIATION

NAME	ACCOUNT NO.	TYPE OF ACCOUNT	
BRANCH ADDRESS	CITY	STATE	ZIP
NAME	ACCOUNT NO.	TYPE OF ACCOUNT	
BRANCH ADDRESS	CITY	STATE	ZIP

APPLICANT'S PRINCIPAL SUPPLIERS (LIST AT LEAST THREE) PLEASE INCLUDE FAX NO. (PREFERRED) OR EMAIL ADDRESS

NAME	TELEPHONE NO.	FAX NO. OR EMAIL ADDRESS	
ADDRESS	CITY	STATE	ZIP
NAME	TELEPHONE NO.	FAX NO. OR EMAIL ADDRESS	
ADDRESS	CITY	STATE	ZIP
NAME	TELEPHONE NO.	FAX NO. OR EMAIL ADDRESS	
ADDRESS	CITY	STATE	ZIP

TERMS: In consideration of Yeager Supply, Inc. extending credit to Applicant, the Applicant agrees to pay for all items delivered or services rendered at the request of the Applicant, in accordance with the terms of each invoice. Applicant agrees that each of the terms and conditions for sale as indicated on the invoices shall be a term of the contract of each sale from Yeager Supply, Inc. to the Applicant. Applicant acknowledges that a monthly service charge of the highest amount legally allowed in the state shall be made on all sums due Yeager Supply, Inc. which have not been paid by the 30th day shall be due and payable every (30) days thereafter. Waiver of any one or more service charges shall not be deemed to be a waiver of future service charges. Applicant further agrees that with regard to such service charges, Applicant and Yeager Supply, Inc. are parties to a written commercial contract. Should it become necessary to place the account with a collection agency or attorney, the Applicant agrees to pay all collection costs. Applicant authorizes Yeager Supply, Inc. to obtain credit and financial information concerning the Applicant from any source. The undersigned warrants that the above agreement has been carefully read and that the Applicant understands completely.

PRINT NAME OF APPLICANT	TITLE	SIGNATURE OF APPLICANT	DATE
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If a corporation, please complete the following:

I/We,

GUARANTOR(S)

for and in consideration of your extending credit at my/our request to

COMPANY NAME OF GUARANTOR(S)

hereby personally guarantee to you the payment of any obligation of the above company, an I/we hereby agree to bind myself/ourselves to pay you on demand any sum which may become due to you by the company whenever the company shall fail to pay the same. It is understood that this guarantee shall be a continuing and irrevocable guarantee and indemnity for such indebtedness of the company. I/We do hereby waive notice of default, non-payment and notice thereof and consent to any modification or renewal of the credit agreement hereby guaranteed. If the credit agreement is granted, it is understood to be under the conditions set forth in the above statement of terms.

Guarantor:

PRINT NAME

S.S.N.

SIGNATURE

DATE (MUST AGREE WITH NOTARY)

HOME ADDRESS

TELEPHONE

Guarantor:

PRINT NAME

S.S.N.

SIGNATURE

DATE (MUST AGREE WITH NOTARY)

HOME ADDRESS

TELEPHONE

Above signatures to be notarized

STATE OF _____, COUNTY OF _____

I CERTIFY that on _____, 20____,

personally came before me and acknowledged under oath, to my satisfaction, that this person (or if more than one, each person):

- (a) is named in and personally signed this document; and
- (b) signed, sealed and delivered this document as his or her act and deed.

NOTARY SEAL

(NOTARY PUBLIC)

Notary Stamp
With Expiration Date:

