

**FOR OFFICE USE ONLY**

Date: \_\_\_\_\_ Account #: \_\_\_\_\_

Sales Rep: \_\_\_\_\_

Credit Line: \_\_\_\_\_ Approved: \_\_\_\_\_

New  Update



**TENTINA**  
WINDOW FASHIONS  
service that drives success™

1186 Route 109  
Lindenhurst, NY 11757  
Phone: 631-957-9585  
Fax: 631-957-4753  
credit@tentina.com

**CREDIT APPLICATION**

Please furnish us with the following information so that we may establish a credit line for you.

UNTIL A CREDIT LINE IS DETERMINED,  
ALL ORDERS MUST BE PREPAID.

How did you hear about us? \_\_\_\_\_

Business Name: \_\_\_\_\_

Corporation  LLC  Partnership  Sole Proprietorship

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

E-mail for invoices/statements: \_\_\_\_\_ E-mail for order confirmations: \_\_\_\_\_

**Trade References - Please list three suppliers with whom you have an open account:**

Name:	_____	_____	_____
Address:	_____	_____	_____
City, St., Zip:	_____	_____	_____
Fax #:	_____	_____	_____
Account #:	_____	_____	_____

Amount of credit requested: \$ \_\_\_\_\_ Automatic Credit Card:  Visa  Master Card  Discover  Am Ex

The following credit card will be charged when you place an order: Account #: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Name of cardholder: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

This agreement provides for a credit sale to \_\_\_\_\_ of merchandise and services for business use.  
(Name of your company)

Authorized card users: \_\_\_\_\_

**Credit Agreement - Required to process:**

- The information furnished on this application is submitted for the purpose of obtaining credit, and I understand that this information will be relied on for the extension of credit. I hereby certify that the information is true, correct and complete.
- Vendor is authorized to investigate my company's credit record and report to the proper persons and bureaus the performance of this agreement.
- The Standard Terms for invoices are net 30 days from the date of invoice. Other specialized terms may be available based on products and/or quantities purchased.
- Vendor will furnish an invoice for any goods purchased on this account.
- Upon default of the terms of this agreement, Vendor may declare my existing balance due and payable. Upon default of payment terms, may charge up to 25% for attorney fees and collection costs for which we assume liability.
- Interest will be charged at the rate of one and one half percent per month on past due amount.

The undersigned individual who is either a principal of the credit applicant or a sole proprietorship of the credit applicant, recognizing that his or her individual credit history may be a factor in the evaluation of the credit history of the applicant, hereby consents to and authorizes the use of a consumer credit report on the undersigned by the above named business credit grantor, from time to time as may be needed, in the credit evaluation process.

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

**Please  
Sign**

\_\_\_\_\_  
By (Officer or Owner): Please **SIGN**

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

\_\_\_\_\_  
By (Officer or Owner): Please **PRINT**

**Banking Information - Required to process:**

Bank Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Account #: \_\_\_\_\_ Officer or Manager handling account: \_\_\_\_\_

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

In Business since: \_\_\_\_\_

Sales Tax Exempt #: \_\_\_\_\_

(MUST attach certificate - application cannot be processed without it)

Federal I.D. #: \_\_\_\_\_

**Complete this section if business is a Sole Proprietorship or Partnership:**

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Social Security #: \_\_\_\_\_

**Complete this section if business is Incorporated or LLC:**

Officers:

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

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

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

**Complete this section if business is a Subsidiary:**

Name of Parent Company: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Personal Guarantee**

For value received and to induce Vendor to extend credit to the applicant(s), the Guarantor hereby warrants and unconditionally guarantees to Vendor the full payment when due of all indebtedness, obligations and liabilities of customer to Vendor, including finance charges applicable thereto, now existing or hereafter created or arising, even if such indebtedness is in excess of the credit line. Guarantor further agrees to pay all expenses including court cost and attorney and/or collection service fees paid or incurred by Vendor in pursuit of collecting such indebtedness or any part thereof or enforcing this guarantee.

This Guarantee shall be enforceable before or after proceeding against Customer or simultaneously therewith and without resort to any security.

The incorporation, merger, reorganization or sale of the Customer's business shall not operate as a termination of this guarantee, and the guarantee shall continue as to credit extended to such other entity.

This guarantee shall remain in full force and effect until Vendor has received notice of cancellation. Any such notice shall not affect the obligation of Guarantor to pay all sums when due by the Customer and/or Guarantor.

The Guarantee is enforceable against the undersigned Guarantor(s) whether or not the signatures are witnessed.

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
DATE

\_\_\_\_\_  
GUARANTOR

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
DATE

\_\_\_\_\_  
GUARANTOR