

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



Drywall –Acoustics–Lumber–Flooring–Power Tools–Doors & Windows–Insulation–Siding–Roofing and 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 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).

I have read this document and I agree, and it is my intent, to sign this document by handwritten or electronic signature. I understand that my signing and submitting this document by electronic signature is the legal equivalent of having placed my handwritten signature on the submitted document and this affirmation. I understand and agree that by electronically signing and submitting this document in this fashion I am affirming to the truth of the information contained therein.

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:

I have read this document and I agree, and it is my intent, to sign this document by handwritten or electronic signature. I understand that my signing and submitting this document by electronic signature is the legal equivalent of having placed my handwritten signature on the submitted document and this affirmation. I understand and agree that by electronically signing and submitting this document in this fashion I am affirming to the truth of the information contained therein.

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 _____

Please supply the following information for ACH Payments thru BillTrust

Bank Name: _____ Routing #: _____ Account #: _____

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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