

CREDIT PROFILE

N & S Supply

205 Old Route 9 ~ Fishkill, NY 12524 ~ (845) 896-6291 ~ Fax (845) 230-8741

N & S Supply of Brewster, Inc ~ 43 Old Route 6, 10509
N & S Supply of Catskill, Inc ~ 20 Cauterskill Avenue, Catskill NY 12414
N&S Supply of Danbury, LLC ~ 15 Starr Rd, Danbury CT 06810
Showroom Sales Corp. ~ 205 Old Route 9, Fishkill NY 12524
N & S HVAC, Inc ~ 201 Old Route 9, Fishkill NY 12524
(each an "N & S Company" and collectively, the "N & S Companies", doing business as "N & S Supply")

The Federal Equal Opportunity Act, effective June 30, 1976, requires that any applicant for credit, receive notice of the applicability of the act and its requirements prohibiting creditors from discriminating against credit applicants on the basis of sex or marital status. This credit application form should not be used unless the required notice is also given to the applicant.

PLEASE PRINT OR TYPE

Date: _____

Name/Address

Last:	First:	Middle Initial:	Title	
Name of Business / DBA:			Tax I.D. Number	
Mailing Address:				
City:	State:	ZIP:	Phone:	Fax #:
Legal Address:				
City:	State:	ZIP:		

Company Information

Type of Business:	In Business Since:	Number of Years in this business:	Number of Years at this location:
Legal Form Under Which Business Operates: <input type="checkbox"/> Corporation Federal ID#: _____ Year Inc: _____ State Inc: _____ Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/>			
If Division/Subsidiary, Name of Parent Company:		In Business Since:	
Has Applicant or any of its Principals ever filed a Petition in Bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No		Or made a Debt Settlement? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Principal Owner(s), Officer(s), or Partners are:			
**Name of Company Principal Responsible for Business Transactions:		Title:	Social Security Number:
Home Address:	City:	State:	ZIP: Phone:
**Name of Company Principal Responsible for Business Transactions:		Title:	Social Security Number:
Home Address:	City:	State:	ZIP: Phone:
**Name of Company Principal Responsible for Business Transactions:		Title:	Social Security Number:
Home Address:	City:	State:	ZIP: Phone:
**Name of Company Principal Responsible for Business Transactions:		Title:	Social Security Number:
Home Address:	City:	State:	ZIP: Phone:
Other Business of Principals:			
Employer's name and address, if not self-employed:			
Were any of the principals in business before: <input type="checkbox"/> Yes <input type="checkbox"/> No		If "Yes", name, address and type of business:	
Works from: <input type="checkbox"/> Home <input type="checkbox"/> Shop	Number of Employees: Office: _____ Shop: _____	Are Purchase Orders Issued: <input type="checkbox"/> Yes ~ By Whom: _____ <input type="checkbox"/> No	
Sales Tax Exemption Number: <i>If Tax Exempt, please return certificate with this Credit Application.</i>			
Who is authorized to charge on your account?: (List names separated by commas)			
Email Address for Billing (for Invoices and Statements to be sent):			

Bank References – Bank Account Info and Outstanding Loans (Mortgage, Car, Personal)

Institution Name:	Institution Name:	Institution Name:
Checking Account #:	Checking Account #:	Checking Account #:
Savings Account #:	Savings Account #:	Savings Account #:
Loan#: Loan Balance:	Loan#: Loan Balance:	Loan#: Loan Balance:
Address:	Address:	Address:
Phone: Fax#:	Phone: Fax#:	Phone: Fax#:

Trade References – Current Open Charge Accounts Note: Do Not List: Visa, Mastercard or American Express

Company Name:	Company Name:	Company Name:
Contact Name:	Contact Name:	Contact Name:
Address:	Address:	Address:
Phone: Fax#:	Phone: Fax#:	Phone: Fax#:
Account#:	Account#:	Account#:

Credit Line Requested: _____

The undersigned(s) certifies the above information to be correct, that it is submitted for the purposes of obtaining credit and agrees to all of the terms and conditions of sale of the applicable N&S Company(ies). All goods are sold on a 1/10, N/30 basis unless otherwise noted (which terms are subject to change at the discretion of the applicable N&S Company(ies)). The undersigned agrees to pay a monthly charge of 1 and 1/2% on all balances not paid within 60 days and further agrees to pay all reasonable attorney fees and/or other costs of collection, not to exceed 30%, on each and every account referred to an attorney or collection agent for collection. In making this application, the undersigned(s) understands that a credit report may be ordered in connection with the application for credit. Upon request, the applicable N&S Company(ies) will inform the undersigned whether a report was actually requested and if so, the name and address of the reporting agency. A copy of said report may be obtained from the consumer reporting agency. Subsequent reports may be requested in connection with an up-date. No further pre-notification is necessary if and when a follow-up report is requested.

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

_____ Date _____
Signature (Corporate officer or owner / If individual, both applicant and spouse must sign / If partnership, all partners must sign)

_____ *Print Name(s) and Title(s)*

CORPORATIONS COMPLETE THE FOLLOWING

The undersigned, in consideration of your extension of credit to the above named corporation, for himself, his heirs, and assigns unconditionally and personally guarantees the prompt payment of all indebtedness (including reasonable attorney fees and/or other costs of collection), now or hereafter incurred by the corporation.

_____ *Signature Only*

PARTNERS COMPLETE THE FOLLOWING

The undersigned(s) in consideration of your extension of credit, at our request to the above named company, hereby personally guarantees to the applicable N&S Company(ies) the prompt payment of any obligation of the company (including reasonable attorney fees and/or other costs of collection) and we hereby agree to bind ourselves to pay on demand any sum which may become due to the applicable N&S Company(ies) by the company. It is understood that this guaranty shall be a continuing and irrevocable guaranty. We hereby waive all notices (including of default and non-payment) and consent to any modification or renewal of the credit agreement hereby guaranteed.

 Signature

 Print Name

 Signature

 Print Name

 Signature

 Print Name

 Signature

 Print Name

INDIVIDUALS AND SPOUSE COMPLETE THE FOLLOWING

The undersigned(s) in consideration of your extension of credit, at my request, personally guarantees to the applicable N&S Company(ies) the prompt payment of any obligation (including reasonable attorney fees and/or other costs of collection) and I hereby agree to bind myself to pay on demand any sum which may become due to the applicable N&S Company(ies). It is understood that this guaranty shall be a continuing and irrevocable guaranty. I do hereby waive all notices (including of default and non-payment) and consent to any modification or renewal of the credit agreement hereby guaranteed.

 Signature Applicant

 Print Name

 Signature Spouse

 Print Name



HVAC • PLUMBING • HEATING • SHOWROOMS

www.nssupply.com

205 OLD ROUTE 9
FISHKILL, NY 12524
phone (845) 896-6291

DATE: _____

N&S H.V.A.C., INC.
201 OLD ROUTE 9
FISHKILL, NY 12524
phone (845) 896-4822

BANK NAME: _____

FAX NUMBER: _____

43 OLD ROUTE 6
BREWSTER, NY 10509
phone (845) 279-8075

CAUTERSKILL AVENUE
CATSKILL, NY 12414
phone (518) 943-2150

I HEREBY AUTHORIZE THE RELEASE OF BANK/CREDIT INFORMATION TO
N & S SUPPLY ON THE ACCOUNT(S) OF:

25 DEDERICK STREET
KINGSTON, NY 12401
phone (845) 331-6700

NAME: _____

96 INDUSTRIAL TRACT
HUDSON, NY 12534
phone (518) 822-1771

ADDRESS: _____

CITY/STATE/ZIP: _____

15 STARR ROAD
DANBURY, CT 06810
phone (203) 791-9300

PHONE #: _____

CHECKING ACCOUNT #: _____

SAVINGS ACCOUNT #: _____

AUTHORIZED SIGNATURE

AUTHORIZED SIGNATURE, IF JOINT ACCOUNT

PRINT NAME

PRINT NAME

THIS FORM WILL BE DUPLICATED.