

# Credit Application



CONNECTING WITH QUALITY SINCE 1959

17 Greenbush Rd. South  
Orangeburg, NY 10962

Sales: (800) 423-2322  
Office: (845) 680-2431  
Fax: (845) 680-2709  
Internet: <http://www.czlabs.com>  
E-Mail: [info@czlabs.com](mailto:info@czlabs.com)

Date \_\_\_\_\_

Duns No. \_\_\_\_\_

## Important Information

- This information is for the exclusive use of our Credit Department and will be held in the strictest of confidence.
- Your current year-end financial statement (balance sheet and income statement) must accompany this application if the credit line desired exceeds \$5000. Non audited financial statements must be signed and dated by the respective owner or officer. Please indicate what period is covered by each statement.
- All customers exempt from sales tax must submit a signed resale certificate.
- Order Requirements: Minimum order \$100.

## General Information

Business Legal Name \_\_\_\_\_  
Business Trade Name (dba) \_\_\_\_\_ Tax ID No. \_\_\_\_\_  
Street Address (required) \_\_\_\_\_ P.O. Box \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone \_\_\_\_\_ FAX \_\_\_\_\_

## Business Profile

Description of Primary Business \_\_\_\_\_  
Number of Employees \_\_\_\_\_  
Credit Line Desired \_\_\_\_\_ Annual Sales Volume \_\_\_\_\_  
Legal Structure of the Business: Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_  
State in which chartered \_\_\_\_\_ Year Business Established \_\_\_\_\_  
Length of time at the above address \_\_\_\_\_ Do you: Own \_\_\_\_\_ Lease \_\_\_\_\_  
Number of branches/outlets \_\_\_\_\_ Square footage \_\_\_\_\_  
Corporate Officer or Principal Owner  
Name \_\_\_\_\_ Title \_\_\_\_\_ Telephone \_\_\_\_\_

## Personal Credit Information

*(Proprietorships and Partnerships only)*

Name \_\_\_\_\_ Name \_\_\_\_\_  
Home Street Address \_\_\_\_\_ Home Street Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ Telephone \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Driver License No. \_\_\_\_\_ Driver License No. \_\_\_\_\_  
Have you ever filed for bankruptcy? No \_\_\_\_\_ Personal \_\_\_\_\_ Business \_\_\_\_\_  
Date Filed \_\_\_\_\_ Current Status \_\_\_\_\_

*Please complete both pages*

## Bank Information

Bank Name \_\_\_\_\_  
Street Address \_\_\_\_\_ P.O. Box \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Account Officer \_\_\_\_\_ Telephone \_\_\_\_\_ FAX \_\_\_\_\_  
Checking Account No. \_\_\_\_\_ Loan Account No. \_\_\_\_\_

## Primary Trade References

*(Related Industry, Purchases During Last 12 Months)*

Name \_\_\_\_\_ Telephone \_\_\_\_\_ FAX \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Contact \_\_\_\_\_ Account No. \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_ FAX \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Contact \_\_\_\_\_ Account No. \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_ FAX \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Contact \_\_\_\_\_ Account No. \_\_\_\_\_

## Credit Agreement

This credit application and agreement is submitted to CZ Labs, to obtain trade credit. Customer agrees to make payment in full to CZ Labs for all amounts due according to CZ Lab's invoices. Customer agrees to pay CZ Labs, as interest, an amount equal to 1-1/2% per month, or the maximum provided by law (whichever is less) for invoice amounts that are past due. A \$25.00 charge will be assessed for any returned checks. Should Customer default in such payment(s), CZ Labs shall have the right without notice to Customer, to declare all invoice amounts due and payable. In the event that CZ Labs should commence any action or actions, or otherwise seek to enforce this agreement against Customer, Customer agrees to pay reasonable attorney(s) fees, court costs and other expenses incurred by CZ Labs, whether or not suit is filed. This agreement is strictly confidential and is not transferable or assignable without the prior consent of CZ Labs. Customer agrees that any change in liability from any debts incurred to CZ Labs due to a change in Customer's form of business, shall not be effective as to CZ Labs, until CZ Labs receives actual notice of the change by certified mail. This agreement is entered into in, and shall be governed by and construed in accordance with the laws of the State of New York. By execution hereof, Customer agrees to be subject to the jurisdiction of the courts of the State of New York.

## Authorization

*By signing this agreement, I/we authorize the release of credit and banking information, to CZ Labs, by the references listed above for the purpose of establishing credit.*

Company Name \_\_\_\_\_

Signed at \_\_\_\_\_ Date \_\_\_\_\_

Name and Title \_\_\_\_\_

Officer/Owner/Title \_\_\_\_\_

*(Authorized Signature)*

Signed at \_\_\_\_\_ Date \_\_\_\_\_

Name and Title \_\_\_\_\_

Officer/Owner/Title \_\_\_\_\_

*(Authorized Signature)*



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In consideration of the extension of credit, I authorize you to contact the references I have supplied and the bank I have supplied. I authorize the exchange of information with other credit grantors. I also understand that any information exchanged will be held in the strictest of confidence.

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Authorized Signature

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Title