



215-698-0500
Fax 215-856-9334

CREDIT APPLICATION

(PLEASE PRINT OR TYPE)

ARDEX LABORATORIES, INC.
2050 BYBERRY ROAD
PHILADELPHIA PA 19116

Applicant (Business or Corporate name)			Application Date		
Business Street Address			Billing Address (Street or P.O. Box)		
City	State	Zip	City	State	Zip
Business Telephone No. ()	Year Established:	Estimated Monthly Purchases		Resale Permit or Sales Tax No.	
Business Fax No. ()	Number of Employees:	Name of Landlord:		Type of Business:	SS# or Fed EIN No.
	Owned Rented			Sole Proprietor Partnership Corporation	No. No. No.
We are engaged in a business of	Landlords Address and Telephone No.				
Owners (IF APPLICANT IS A SOLE PROPRIETORSHIP)			OR OFFICERS (IF A CORPORATION)		
Name	Title/SS#	Home Address		Home Phone No. ()	
Name	Title/SS#	Home Address		Home Phone No. ()	
Name	Title/SS#	Home Address		Home Phone No. ()	
BANK OR SAVINGS AND LOAN ASSOCIATION					
Name	Branch Address		Account No.	Type of Account	
Name	Branch Address		Account No.	Type of Account	
APPLICANT'S PRINCIPAL SUPPLIERS (LIST ATLEAST THREE)					
Name	Address			Phone No. ()	
Name	Address			Phone No. ()	
Name	Address			Phone No. ()	
Has Applicant or Any of Its Principals ever Filed a Voluntary Petition in Bankruptcy? If Yes, Explain on a separate sheet of paper. Yes No			Has a tax lien or civil suit been filed against applicant or any principal within the last 6 years? If Yes, explain on a separate sheet of paper. Yes No		
<p>TERMS: In consideration of OUR COMPANY extending credit to the Applicant. The Applicant agrees to pay for all items delivered or services rendered to, or at the request of, the Applicant, in accordance with the terms of each invoice. Applicant agrees that each of the terms and conditions of sale stated on the invoices shall be a term of the contract of each sale from OUR COMPANY 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 OUR COMPANY which have not been paid by the 30th day of the month following billing, and Applicant agrees to promptly pay said service charge. An additional service charge, computed on the same basis will be due and payable every thirty 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 OUR COMPANY 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 and attorney fees in addition to all other sums due.</p> <p>Applicant authorizes OUR COMPANY to obtain credit and financial information concerning the Applicant at any time and from any source. The undersigned warrants that the above agreement has been carefully read and that Applicant understands completely. Applicant also warrants that all information provided is true and correct.</p>					

Print Name of Applicant #1 _____ Title _____
Signature of Applicant #1 _____ Date _____

Print Name of Applicant #2 _____ Title _____
Signature of Applicant #2 _____ Date _____

PERSONAL GUARANTEE

I / We, _____

for and in consideration of your extending credit at my/our request to _____
(Guarantor(s) Company Name)

hereby personally guarantee to you the payment of any obligation of the above company, and 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 guaranty 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 is granted, it is understood to be under the terms set forth on the front page.

Guarantor: _____ SS# _____
Print Name

Signature of Above Individual Date: _____
(Must agree with Notary)

Home Address Phone: (____) _____

Guarantor: _____ SS# _____
Print Name

Signature of Above Individual Date: _____
(Must agree with Notary)

Home Address Phone: (____) _____

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: