Kent Supply Company

99 Castleton Street Pleasantville, NY 10570 Phone: 914-579-2490 Fax: 914-769-0182

Email: Accounting@kentsupply.com

CREDIT APPLICATION

The undersigned understands that the following information is being submitted for the purpose of obtaining credit information and authorizes the investigation of the information contained herein. Further, if credit is extended to Applicant, the undersigned agrees to the provisions set forth below.

COMPANY/INDIVIDUAL NAME (APPLICANT):				
FULL LEGAL NAME OF C	COMPANY:			
Street Address:	Mailing Address:	Social Security or Federal ID number:		
		☐ Corporation		
		□ Partnership		
		□ Sole Proprietorship/Individual		
Phone:	Fax:	□ LLC		
Email:		Type of Business:		
	a Tax Exemption Certificate and a copy of you	r NYS or CT Certificate of Authority		
NAMES OF OWNERS, OFI (PRINCIPALS):	FICERS, PARTNERS OR MEMBERS	BUSINESS FINANCIAL DATA:		
Name:	Name:	Bank:		
Title:	Title:	Account:		
Address:	Address:	Address:		
Date of Birth:	Date of Birth:	Contact:		
Phone:	Phone:	Phone:		
Social Security#:	Social Security#:	Fax:		
Driver License#:	Driver License#:			
State of Issuance:	State of Issuance:			
TRADE REFERENCES:				
Name:	Name:	Name:		
Address:	Address:	Address:		
Phone:	Phone:	Phone:		
Fax:	Fax:	Fax:		

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If Kent supplies the Applicant with materials and if thereafter an attorney and/or collection agency is retained by Kent to seek collection of sums due, the Applicant will pay to Kent, in addition to any other sums due, the greater amount of one third (1/3) of the unpaid balance as an attorney's fee or all legal costs including attorney's fees and/or collection costs, which amount the Applicant agrees is reasonable. Further, interest at the rate of 1.5% per month, will accrue on all sums due Kent from Applicant from the date of the invoice until balance is paid to Kent.

The undersigned agrees that copies and faxes are as legally binding as the original document and that this Agreement may not be cancelled, changed or altered in any respect without the signed, written consent of Kenako, Inc.

The Applicant acknowledges that this agreement will be construed and interpreted in accordance with New York Law. The Applicant and the individual Guarantors agree to submit themselves to the jurisdiction of the Courts of the State of New York for any controversy or suit arising out of this Agreement, and without limitation, the Supreme Court of the State of New York for the Counties of Dutchess, Putnam or Westchester as determined by Kent.

This is to certify that the undersigned, a principal in the Applicant, is duly authorized to submit this application on behalf of Applicant and enter into this agreement. The undersigned represents that he/she has full authority to enter into this Agreement on behalf of the corporation or LLC and has obtained the consent and authority of the Board of Directors of the corporation or members of the LLC to enter into this Agreement and to so bind the corporate entity or LLC to the terms hereof.

By signing as principal, the undersigned agrees to unconditionally and personally guarantee payment to Kent of all sums, which may now or hereafter be due and owing to Kent by Applicant. In the event of non-payment by the applicant, or any default by the Applicant, the undersigned individual agrees that Kent may look to the undersigned individual immediately for such payment without prior demand or notice, without Kent having to first proceed against the corporation or LLC, and the undersigned individual waives any extension of time or other indulgence to the corporation or LLC.

By signing, the undersigned jointly and severally agrees to be bound to the Personal Guaranty in his/her own individual, personal capacity. This guaranty will remain in effect until all obligations to Kent are satisfied in full. A Guarantor will not be released from his/her obligations of guaranty to Kent without written notification issued to Kent and written acknowledgement received from Kent of such notification.

This application will not be processed unless Principals/Owners sign it.

PRINCIPAL/OWNER:	PRINCIPAL/OWNER:	PRINCIPAL/OWNER:	
By:(Signature)	By:(Signature)	By:(Signature)	_
Title:	Title:	Title:	_
(Print Name) Date:	(Print Name) Date:	(Print Name) Date:	_
Witnessed By:(Signatur	re) (Print Name of Wit	tness)	

Locations

316 Huguenot Street New Rochelle, NY 10801 Phone: 914-632-1470 Fax: 914-632-2125 99 Castleton Street Pleasantville, NY 10570 Phone: 914-769-0049 Fax: 914-769-0182 223 Ferris Avenue White Plains, NY 10603 Phone: 914-946-8535 Fax: 914-946-0145