

TO: Credit Applicants  
FROM: Counter Pro, Inc. ®  
SUBJECT: Credit Applications

If you are submitting a credit application from Massachusetts, Rhode Island, or Maine, please complete and return the appropriate Sales Tax Resale Certificate/Tax Exempt Certificate with your application. Only state issued forms are acceptable or valid for tax audit purposes.

Please mail the original signed application once completed with all appropriate forms. You may fax over to application so that we may start your request. However, we can not complete your application without the original application.

Any questions regarding your application or the application process, you may contact your sales representative or our office at 1-800-899-2444.

Thank you,

Counter Pro

## CREDIT APPLICATION

IN ORDER TO PROCESS YOUR APPLICATION AND INSURE PROMPT REPLY, PLEASE FILL OUT THIS FORM COMPLETELY – INCLUDING STREET ADDRESS, PHONE NUMBERS, AND CONTACT PERSON(S) OF ALL REFERNCES.

**NOTE: ALL PAGES MUST BE FILLED OUT AND SIGNED BEFORE PROCESSING**

DATE \_\_\_\_\_  
COMPANY NAME \_\_\_\_\_ DIVISON OF \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_ MAILING ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE \_\_\_\_\_ FAX \_\_\_\_\_ TAX I.D. \_\_\_\_\_  
CONTACT PERSON IN ACCOUNTS PAYABLE \_\_\_\_\_  
NATURE OF BUSINESS \_\_\_\_\_ YEAR ESTABLISHED \_\_\_\_\_  
BUSINESS INCORPORATED? \_\_\_\_\_ IF SO, WHICH STATE? \_\_\_\_\_ P.O.'S REQUIRED? \_\_\_\_\_

### LIST OF OWNERS, PARTNERS, OR OFFICERS:

\*\*NAME \_\_\_\_\_ TITLE \_\_\_\_\_  
HOME ADDRESS \_\_\_\_\_

NAME \_\_\_\_\_ TITLE \_\_\_\_\_  
HOME ADDRESS \_\_\_\_\_

NAME \_\_\_\_\_ TITLE \_\_\_\_\_  
HOME ADDRESS \_\_\_\_\_

HAVE YOU EVER PURCHASED FROM COUNTER PRO, INC. ® IN THE PAST? \_\_\_\_\_  
IF SO, UNDER WHAT NAME? \_\_\_\_\_ DATE \_\_\_\_\_

\*\*AMOUNT OF CREDIT DESIRED FOR A 30 PERIOD? \_\_\_\_\_

**\*\*THESE LINES MUST BE FILLED OUT IN ORDER TO START CREDIT PROCESSING**

|   |
|---|
| FOR OFFICE USE ONLY: ACCOUNT # _____ CREDIT LIMIT _____ DATE OPENED _____ |
|---|

WE REQUIRE REFERENCES FROM THREE (3) COMPANIES. PLEASE LIST 3 OR MORE TRADE REFERENCES. THE MORE REFERENCES WE HAVE TO CHOOSE FROM AND CONTACT THE BETTER. PLEASE MAKE SURE TO INCLUDE THE FAX NUMBER FOR THE REFERENCE LISTED.

TRADE REFERENCES

\*\*NAME \_\_\_\_\_ CREDIT LIMIT \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
PHONE \_\_\_\_\_ FAX \_\_\_\_\_ CONTACT \_\_\_\_\_

\*\*NAME \_\_\_\_\_ CREDIT LIMIT \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
PHONE \_\_\_\_\_ FAX \_\_\_\_\_ CONTACT \_\_\_\_\_

\*\*NAME \_\_\_\_\_ CREDIT LIMIT \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
PHONE \_\_\_\_\_ FAX \_\_\_\_\_ CONTACT \_\_\_\_\_

NAME \_\_\_\_\_ CREDIT LIMIT \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
PHONE \_\_\_\_\_ FAX \_\_\_\_\_ CONTACT \_\_\_\_\_

NAME \_\_\_\_\_ CREDIT LIMIT \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
PHONE \_\_\_\_\_ FAX \_\_\_\_\_ CONTACT \_\_\_\_\_

NAME \_\_\_\_\_ CREDIT LIMIT \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
PHONE \_\_\_\_\_ FAX \_\_\_\_\_ CONTACT \_\_\_\_\_

## TERMS OF AGREEMENT

In consideration of the extension of credit by COUNTER PRO, INC.® to:

\*\* \_\_\_\_\_  
(PLEASE PRINT COMPANY NAME IN THE SPACE PROVIDED ABOVE)

Hereinafter referred to as the customer, and for other valuable consideration, the undersigned hereby agrees to pay all sums of money now due or hereafter to become due from the customer, including, without limiting the generality of the foregoing legal and other costs of attempts to collect said sum from the customer and the undersigned, and interest on said sums. Interest shall be in the amount of one and one-half (1 ½) percent per month, or an annual rate of eighteen (18) percent, on any balance not paid within thirty days of billing.

The liability of the undersigned shall be primary and if more than one person or entity signs this agreement, shall be joint and several, and shall not be affected by any discharge, extension of time, release of security, acceptance of compromise or any other modifications of the liability of the customer, and shall not be dependent upon recourse to any remedies against the customer;

The undersigned hereby waives any notice of the time and amount of extension of credit to the customer.

This agreement is intended to cover a running account of accounts by the customer and will remain in full force and effect until withdrawn by a writing sent by registered mail, return receipt requested and received at the above address. Such withdrawal shall be respected to all sums of money that become due from customer as a result of transactions through and including the date said withdrawal is received. No rights against the undersigned are waived by failure to exercise any rights against the customers' business shall not operate as a termination of this guarantee. The undersigned hereby agrees to pay enforcing the agreement contained herein both as against the customer and the undersigned guarantor.

PLEASE PRINT:

Witness my/our hand(s) and seal(s) this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

NAME OF APPLICANT (S) \_\_\_\_\_ TITLE \_\_\_\_\_

\_\_\_\_\_ TITLE \_\_\_\_\_

SIGNATURE OF APPLICANT (S) \_\_\_\_\_ DATE \_\_\_\_\_

\_\_\_\_\_ DATE \_\_\_\_\_

WITNESS \_\_\_\_\_ DATE \_\_\_\_\_

**\*\*Officers of a Corporation, Members of a LLC, and Partners of a Partnership are the only representatives that can sign the Terms of Agreement.**