



Empire Laundry Machinery, Inc.

860 Linden Ave., Rochester, New York 14625

Ph: (585)218-9810 Fax: (585)218-9822

Credit Application & Payment Guaranty

1. Business Data

Legal Name of Business: _____

d/b/a or tradename (if not a company): _____

Address of Location: _____ City _____

County: _____ State _____ Zip _____

Business phone(_____) _____ Fax(_____) _____

Email address _____

Business is a _____ Corporation* _____ LLC* _____ Partnership _____ Proprietorship _____ Individual _____

*State & Date of incorporation/formation _____ Fed. Tax I.D. # _____

Accounts Payable Contact Person: _____ Phone(_____) _____

Email address: _____ Fax(_____) _____

Do you require a PO? Yes ___ No ___ Tax Exempt: Yes ___ No ___ (If Yes, include certificate)

Address for Invoicing/Bill to:

Address for Shipping Parts to:

If a Partnership, Proprietorship or Individual:

Name: _____

Home Address: _____ City _____ State _____ Zip _____

Years in Business: _____

2. Trade References

Name: _____ Name _____

Address: _____ Address: _____

City/State/Zip: _____ City/State/Zip: _____

Contact: _____ Contact: _____

Phone:(_____) _____ Phone(_____) _____

Average/High Monthly purchases:\$ _____ Average/High Monthly purchases:\$ _____

3. Bank References

Bank Name: _____
Address: _____
City/State/Zip: _____
Officer: _____
Phone(____) _____
Type of Account: _____ Acct# _____

Bank Name: _____
Address: _____
City/State/Zip: _____
Officer: _____
Phone(____) _____
Type of Account: _____ Acct# _____

Credit Application & Account Terms & Conditions
(Please read carefully)

Empire Laundry Machinery, Inc. herein after is referred to as the "Seller" and the entity applying for credit is herein after referred to as the "Applicant."

Accuracy: The Applicant agrees that the information and representations provided in this application are complete and accurate.

Extension of Credit: The Applicant agrees to pay for all charges in connection with the purchase of goods and/or services from the Seller according to the terms of the Seller which may be listed on invoices or otherwise. Full payment of the account is due within 30 days of the date of invoice.

Delinquency: The failure to pay on the due date of each invoice shall deem the debt to be delinquent. In the event of a delinquency, the Seller may impose a finance charge of the lower of (a) one & one half percent per month (1.5%) or (b) the highest rate permitted by law on the delinquent balance until paid. In the event of a delinquency, the Seller may recoup any discounts to be applied to the Applicant's debt. In the event of a delinquency, all repossession costs, collection expenses and attorney's fees in connection with the collection of the delinquent debt shall be due and payable by the Applicant. The interpretation of this agreement shall be subject to the laws of the State of New York, and any necessary legal action shall be brought in Monroe County, New York.

Authorization to Release Information: The Applicant authorizes its bank(s) and trade references listed in this application to release to the Seller information relative to determining credit worthiness.

Corporation and LLC Applicant Signature

I am authorized to make this application for credit on behalf of the corporation or LLC

Signature **Print Name** **Title** **Date**

Partnership, Proprietorship, or Individual Applicant Signature and Personal Guaranty

Credit Report: If the Applicant is partnership, proprietorship, or individual, the Applicant authorizes the Seller to obtain a non-business consumer credit report to further evaluate credit worthiness in accordance of the Fair Credit Reporting Act. I authorize Seller to obtain a credit report.

Signature **Print Name** **SS#** ____ - ____ - ____ **Date**

Personal Guaranty

I, _____ residing at (address) _____ City _____ State _____ Zip _____
for and in consideration of your extending credit at my request to the Seller, of which I am (title/position) _____
hereby personally guarantee to you the payment of any obligation I incur, and I hereby agree to bind myself to pay the Seller on demand any sum which may become due. I do hereby waive notice of default, nonpayment and notice thereof.

Signature **Print Name** **SS#** ____ - ____ - ____ **Date**

Witness **Print Name**