



**APPLICATION FOR CREDIT**  
**-COMMERCIAL ACCOUNT-**

**Legal Name of organization:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address (if different): \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Website: \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**\*Email (Required):** \_\_\_\_\_

Type of Organization: \_\_\_ Sole Proprietorship \_\_\_ Partnership \_\_\_ Corporation \_\_\_\_\_ Other

Length of Time in Business \_\_\_\_\_ Sale Tax Exemption Number \_\_\_\_\_ (need copy of certificate)

**Principals/Owners**

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Company Trade Credit References: (We send requests via Fax or Email, so please provide one or the other to expedite this process)**

Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ ext. \_\_\_\_\_

Address: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ ext. \_\_\_\_\_

Address: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ ext. \_\_\_\_\_

Address: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**\*E-mail address is required for all new accounts—as billing and copies of invoices will be sent via e-mail.**

**PLEASE COMPLETE AND SIGN PAGE #2**

**Financial Institution Reference:**

Name of Financial Institution: \_\_\_\_\_

Street/P.O. Box: \_\_\_\_\_ Suite: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_ + \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ ext. \_\_\_\_\_

Checking \_\_\_\_\_ Savings \_\_\_\_\_ Loan Officer: \_\_\_\_\_

Years in Business: \_\_\_\_\_ If incorporated, where: \_\_\_\_\_

**Amount of Credit Requested:** \_\_\_\_\_

Please indicate the names of all authorized users of the account: \_\_\_\_\_

The undersigned hereby applies to S.W. Collins Co. for the extension of credit, and in consideration thereof agrees to the following:

The undersigned agrees to pay S.W. Collins Co. for all goods delivered on credit no later than the 15th day of the month following delivery of said goods, and agrees to pay interest at the rate of 1.5% per month on all amounts owing more than 30 days after said delivery. The undersigned further agrees to pay the cost of collection, including a reasonable attorney's fee and expense in the event that it becomes necessary to refer this account for collection. The undersigned authorize S.W. Collins Co. to check bank and credit history at this time or any other time it deems necessary, and hereby indemnifies S.W. Collins Co. from any action resulting from such credit survey. It is acknowledged and agreed that accounts receivable information may be reported by S.W. Collins Co. to various consumer and commercial credit agencies.

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**COMMERCIAL ACCOUNT BILLING RIGHTS  
KEEP THIS NOTICE FOR FUTURE REFERENCE**

*This notice contains important information about your rights  
and our responsibilities under the Fair Credit Billing Act.*

**Notify Us in Case of Errors or Questions About Your Bill:**

If you think your bill contains incorrect information, or if you need more information regarding a transaction on your bill, please notify us in writing at P.O. Box 70, Caribou, ME 04736. We must receive such notification no later than sixty (60) days following the date of the statement in question. We will be happy to speak with you by telephone; however, doing so will not preserve your rights. Please provide the following information in your letter:

- Account name
- Dollar amount of any suspected errors
- Description of any suspected errors and why you believe the statement is incorrect.
- If you need more information regarding a transaction, please describe the transaction as specifically as possible; when possible, include invoice date, invoice number, dollar amount, and any other pertinent information.

If you have authorized us to pay your credit bill automatically from your savings or checking account, you have the right to stop payment on any amount you question. To stop payment, your letter must reach us no later than three (3) business days before the automatic payment is scheduled to occur.

**PLEASE COMPLETE AND SIGN PAGE #3**

**Following our Receipt of Your Letter:**

We must acknowledge your letter within thirty (30) days, unless we have corrected the error before that time. Within ninety (90) days, we must correct the error or explain why we believe that the statement is correct as originally issued.

After we receive your letter, we cannot try to collect any amount you question or report you as delinquent. We can continue to bill you for the amount you question, including finance charges, and we can apply any unpaid amount against your credit limit. You do not have to pay any questioned amount while we are investigating, but you are still obligated to pay any parts of your bill that are not in question.

If we find that your bill did contain errors, you will not be required to pay finance charges on any questioned amount. If we determine that the bill was correct, finance charges may be assessed and missed payments on the questioned amount must be paid. In either situation, we will issue a new statement with the correct balance and the date that payment is due.

If, following our investigation, you fail to pay the amount we have determined you owe, we may report you as delinquent. However, if our explanation does not satisfy you, and if you notify us, in writing, of your refusal to pay within ten (10) business days, we must inform anyone to whom we have made report of delinquency that you have a question about your bill. Additionally, we must tell you the name of anyone to whom we have made such a report. When the disputed matter is settled, we must send word of the resolution to anyone to whom we have made reports of delinquency.

If we fail to abide by these rules, the first fifty (50) dollars of the amount in question will be immune from collection, even if it is determined that your bill was correct.

We appreciate your business and look forward to serving you in the future!

**PERSONAL GUARANTY**

The undersigned being the principal owner (s) of the above named company hereby jointly and severally guarantee unconditionally the full and prompt payment of all sums due by Applicant to S.W. Collins Company Inc. without prior demand, including all costs of collection and reasonable attorney fees incurred in the collection thereof, without demand.

Dated: \_\_\_\_\_

Witness: \_\_\_\_\_

Owner Signature: \_\_\_\_\_

Witness: \_\_\_\_\_

Owner Signature: \_\_\_\_\_

IF YOU HAVE ANY QUESTIONS REGARDING THIS APPLICATION, PLEASE CONTACT ROBIN GUERTIN AT:

P.O. BOX 96, HOULTON, ME 04730 (207) 532-2263 EXT. 412; FAX (207) 532-7945 OR

E-MAIL - [robinc@swcollins.com](mailto:robinc@swcollins.com)