

# **GALANTINO** Supply Company



MATERIALS / EQUIPMENT

SPRINGFIELD, PA **610-544-2586**

Fax: 610-328-2159

Web: [www.galantino.com](http://www.galantino.com)

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## **Credit Application**

(Please type or print clearly and answer all questions. Incomplete or illegible applications will delay the establishment of your account)

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

Applicant's Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Address of home office, if different: \_\_\_\_\_

Company Phone No. \_\_\_\_\_ Home Phone No. \_\_\_\_\_ Cell Phone No. \_\_\_\_\_

Type of business (Please be specific: If contractor, for example, state type of contractor) \_\_\_\_\_

Years in business: \_\_\_\_\_

Federal ID No. \_\_\_\_\_ Social Sec. No. \_\_\_\_\_ Driver License No. \_\_\_\_\_

Tax Exempt: \_\_\_\_\_ Emergency Contact # \_\_\_\_\_

\*  Individual  Partnership  Corporation State: \_\_\_\_\_

Name

Title

Home Address

Home Phone

Principal owner(s) \_\_\_\_\_  
or officer(s) \_\_\_\_\_

Were any of the principals in business before? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If so, give name of business and reason for discontinuing: \_\_\_\_\_

Name of accounts payable supervisor to contact concerning payment of bills: \_\_\_\_\_

Estimated Monthly credit requirements: \$ \_\_\_\_\_

(Over, Please)

Bank Reference: Name \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Checking Acct. # \_\_\_\_\_

Loans:  Yes:  No If yes, fill in below:

Where: \_\_\_\_\_ Loan Officer \_\_\_\_\_

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

**Trade References: (Supply personal references on principals if in business less than two years.)**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**Special Billing Instructions:** \_\_\_\_\_

**Please attach a copy of any tax -exemption certificates.**

**Payment Terms: Net 30 days, all amounts 30 days past due are subject to a late penalty finance charge of 1 1/2% Monthly (18% annual Percentage rate), plus all collection costs and attorney's fees as permitted by law.**

With this signature, I confirm that the information given here is true and correct to the best of my knowledge, and that I understand the terms of Payment, and agree to all the terms and conditions of sale of Galantino Supply Co. Inc.

**I hereby authorize investigation of all statements contained in this application:**

**Signature of owner/ officer:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Personal Guaranty**

For and in consideration of Galantino's extending credit at the request of the undersigned to \_\_\_\_\_ ("Company"), The undersigned hereby personally guarantee(s) to Galantino's the payment of any obligation of the company and the undersigned hereby agree(s) to pay Galantino's on demand, without offset, any sum which may become due to Galantino's by the company whenever the company shall fail to pay the same, and further agree to pay all costs of collection including attorney's fees. It is understood that this guaranty shall be a continuing and irrevocable guaranty and indemnity for such indebtedness of the company. The undersigned hereby agree to waive notice of acceptance hereof, notice of presentment, demand, non-payment, dishonor and protest, and consent (s) to and waive(s) notice of any modification amendment or extension of the terms of the credit agreement hereby guaranteed.

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

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

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

**Please remit to:**  
725 Old Marple Rd  
Springfield, PA 19064

Phone: 610-544-8663

Fax: 610-328-2159