

THE BLAKE GROUP

Blake Group Holdings, Inc.

Location: _____

Salesperson: _____

Corporate Headquarters: **4 New Park Road East Windsor, CT 06088**

Phone: 860-243-1491 Fax: 860-286-5563

CREDIT APPLICATION

DATE _____

ACCOUNT NAME: _____

BILLING ADDRESS _____

CITY _____ STATE _____ ZIP _____

SHIPPING ADDRESS (If different from bill to) _____

CITY _____ STATE _____ ZIP _____

TELEPHONE _____ FAX _____ CELL _____ EMAIL _____

PLEASE CHECK ONE: SOLE PROPRIETOR PARTNERSHIP CORPORATION STATE INCORPORATED _____

FEDERAL ID# _____ DATE BUSINESS ESTABLISHED: _____ NUMBER OF EMPLOYEES _____

FULL NAME, ADDRESS, SOCIAL SECURITY NUMBER OF OWNERS / PARTNERS / OFFICERS

ACCOUNTS PAYABLE CONTACT _____ Phone _____ Email _____

PURCHASING CONTACT _____ Phone _____ Email _____

** ESTIMATED MONTHLY PURCHASES \$ _____ PURCHASE ORDER REQUIRED _____

THREE TRADE CREDITORS:

1. _____ City/State _____ Phone _____ Email: _____

2. _____ City/State _____ Phone _____ Email: _____

3. _____ City/State _____ Phone _____ Email: _____

BANK INFORMATION: _____ Phone _____ Email _____

Have you ever done business with our company before: Y N If yes: Date: _____ Under what name: _____

Have you or your company ever filed for Bankruptcy protection under your current name or any other name(s)? Y N
(Please circle) (Please circle)

Sales tax status: **TAXABLE **TAX-EXEMPT (Please circle)

***If you are tax exempt, Blake Group Holdings, Inc. is required by law to have a copy of your most recent, signed, Tax Exempt Certificate. If we do not have a valid certificate, the appropriate sales tax will be charged.*

I/We authorize you to investigate the references listed pertaining to my/our credit responsibility. In consideration of Blake Group Holdings, Inc. and all assumed or fictitious names under which it does business extending open account credit, the following terms apply: Payment terms are NET 30 days, unless otherwise stated. A service charge of 1½ % per month (18% per annum) will be added to the account balance for all balances not paid within stated terms, together with the costs of collection, including attorney's fees reasonably incurred. I (We) also understand that payment to Blake Group Holdings is not dependent upon payment by my (Our) Clients. No merchandise may be returned unless consented to by Blake Group Holdings.

SIGNATURE: _____ TITLE: _____ DATE: _____

I/We individually, acknowledge acceptance of the above credit arrangements and personally guarantee the prompt payment to Blake Group Holdings, Inc. of all sums now or at any time hereafter due as a result of purchases made under this account name.

SIGNATURE: _____ SIGNATURE: _____
Personal Guarantor Personal Guarantor