

Jilco Window Corporation

P.O. Box 1 Mahopac Avenue Granite Springs, NY 10527

COMMERCIAL CHARGE ACCOUNT APPLICATION & CREDIT AGREEMENT

NOTICE TO APPLICANT: All credit extended to you under this agreement shall be part of a series of commercial transactions between you and the company listed on the top of this agreement with which you will do business. The Applicant agrees to pay any outstanding indebtedness to the company listed above, plus service charges and other costs, if applicable, according to the terms and conditions of this agreement.

Name of Applicant / Owner Home Telephone:						
Social Security Number:			Date			
Street Address:			City: State		Zip:	
Mailing Address	s, (if different):					
Business Name:	:			Busine	ess Telephone:	
Street Address:			City: State		Zip:	
Mailing Address, (if different):						
Check One:	☐ Corporation		☐ Partnership	☐ Sole Partnership Individual	☐ LTD.	
If a Corporation or Partnership or LTD., list the Partners below:						
Na	Name: Str		: Address:	Corp. Title:	Social Security Number:	
	,					
Type of Busines	s:			Υ	ears in Business:	
If Current Business less than five (5) years, list prior Business or Employment History:						
Prior Business Name:			Address:		How Long?	
BUSINESS BANKING INFORMATION:						
	Bank Nar	me:	В	ranch Office Address:	Account Number:	
Checking:						
Savings:						
Building Loans:						
Homeowner?:	Homeowner?: Yes No Bank Holding Mortgage: Address:					
List any Judgements, Liens, Attachments, or Garnishments against You or Your Company in the last Three (3) Years:						
					(3) Years:	
Expected Monthly Credit Requirements \$						
List Five (5) Major Trade References:						
	Name:			Address:	Telephone:	
1.						
2.						
3.						
4.						
5.						

Please complete page one (this page), and page two. Please mail both pages to the address at the top of this form.



Approved By:

Jilco Window Corporation

P.O. Box 1 Mahopac Avenue Granite Springs, NY 10527

PLEASE READ THE FOLLOWING AND SIGN BELOW WHERE INDICATED BY "X"

As consideration for, and in order to induce the Company to extend credit, the applicant agrees that:

- It will pay no later than the 10th of the following month after receiving a statement or a service charge of 1.5% per month (annual rate of 18%), or the maximum finance charge allowed by law, which will be applied to any outstanding balance due over sixty (60) days. The Company reserves the right to modify this agreement concerning the date payments are due, the amount of service charge imposed, and the amount of discount allowed, after notifying you by regular mail.
- 2 In the event that an attorney, not in the employ of the Company, and or a collection agency is retained by the Company, to collect any part of the balance due, the Company may charge applicant reasonable attorney and/or collection agency fees.
- 3 FOR CONNECTICUT CUSTOMERS ONLY: It hereby agrees that the right to a notice and hearing regarding any prejudgment remedy (Connecticut General Statutes 52-278A et. seq., or any applicable statute) is hereby waived relinguished absolutely and unconditionally.
- It will be responsible for payment of any charges made by any apparent or actual agent or employee of the applicant, whether by oral instruction or in writing, unless the Company receives written notification seven (7) days prior to such charges. Any charges not disputed in writing by the applicant and received by the Company within thirty (30) days of billing shall be deemed to be true charges of the applicant and uncontestable thereafter, and are to be paid by the applicant.
- 5 Applicant agrees that the credit limit by the Company is for administration purposes only, and it in no way limits applicant's liability for its indebtedness to the Company for the particular sum

COMPANY NAME:	DATE SIGNED:
BY: X	TITLE:
<u>!</u>	PERSONAL GUARANTEE
costs of collection and reasonable attorney fees. without right or set-off or counterclaim. Only the a	n consideration for the extension of credit to X
X GUARANTOR:	DATE SIGNED:
PRINT NAME:	SOCIAL SECURITY NUMBER:
IF PARTNERSHIP, HAVE PARTNER SIGN BELO	W:
X GUARANTOR:	DATE SIGNED:
PRINT NAME:	SOCIAL SECURITY NUMBER:
IF CREDIT ISSUED AS A SOLE PROPRIETORS	HIP (INDIVIDUAL) PLEASE HAVE SPOUSE SIGN BELOW:
X SPOUSE GUARANTOR:	DATE SIGNED:
PRINT NAME:	SOCIAL SECURITY NUMBER:
FOR	JILCO OFFICE USE ONLY
Application Received By:	Credit Limit:

Date Approved: