



7623 Fullerton Rd Springfield VA 22153  
Phone: 703-912-4915 Fax: 703-912-4979

## Business Credit Application & Agreement

**\*\*Please note that no account will be activated without a signed personal guarantee\*\***

Business or corporate name	Phone number	Fax number
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Street address	City	State	Zip code
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Mailing address	City	State	Zip code
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Email address for invoices and monthly statements \_\_\_\_\_

Which best describes applicant? \_\_\_\_\_ Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Sole proprietor

Social security # or federal tax ID# \_\_\_\_\_ Year business began \_\_\_\_\_

Is business a subsidiary or franchise? \_\_\_\_\_ No \_\_\_\_\_ Yes. Name of parent firm \_\_\_\_\_

Years at present location \_\_\_\_\_ Incorporated under state law of \_\_\_\_\_

Has any principal owner or applicant been associated with another customer of Metro Sealant & Waterproofing Supply, Inc?

\_\_\_\_\_ No \_\_\_\_\_ Yes. If yes give name \_\_\_\_\_

Applicant's bank name	Bank address
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Account #	Bank officer	Phone number	Fax number
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**For all corporate officers, partners, or an individual proprietor please state:**

Name	Title	2)Name	Title
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Date of birth	Social security number	Date of birth	Social security number
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Home address	Home address
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Home phone number	Home phone number
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**Trade references**

Name	City	State	Fax number	Phone number
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**Credit Card Authorization**

Invoices over 75 days old may be charged to the following card.

Credit card # \_\_\_\_\_ Expiration \_\_\_\_\_ / \_\_\_\_\_ Security code \_\_\_\_\_

**OVER**

**FOR TAX EXEMPT CUSTOMERS ONLY**

The undersigned hereby certifies to Metro Sealant & Waterproofing Supply, Inc. that applicant holds a valid permit number, \_\_\_\_\_ issued under the sales excise and use tax of the state of \_\_\_\_\_ Which permit has not been revoked or suspended and for shipments into the state of \_\_\_\_\_ The tangible personal property is for \_\_\_\_\_ resale \_\_\_\_\_ direct pay permit \_\_\_\_\_ other(specify) \_\_\_\_\_ Applicant will assume liability for the payment of any sales or use tax that may be due if transaction is not exempt for such tax and will indemnify Metro Sealant & Waterproofing Supply, Inc. as to all such taxes.  
**PLEASE PROVIDE A COPY OF TAX EXEMPT CERTIFICATE**

Credit line requested \$ \_\_\_\_\_

Applicant represents that credit to be extended for a business, agricultural, or commercial purpose. Invoices are due when rendered unless otherwise stated thereon. Applicant agrees to pay a service charge of 1.5% per month (18% per annum) on past due balances, from the date of sale. Applicant agrees to pay all invoices for purchases for applicant by an employee, officer or agent of applicant. In the event that any insolvency or bankrupt proceeding of any nature whatsoever is initiated by or against the applicant or the guarantor, Metro Sealant & Waterproofing Supply Inc. (Hereafter referred to as MSWS, Inc.) may, without notice or consent of any person, declare any obligation guaranteed hereunder due and payable, whether or not such obligation is otherwise due and payable, and then enforce the obligation of guarantor hereunder. Applicant is not in bankruptcy or reorganization and does not contemplate filing a proceeding in bankruptcy or reorganization. Allocation of payments to be specific projects will be honored by MSWS, Inc. only if allocation requests are in writing, specify invoice numbers, and accompany the payment to be allocated. MSWS, Inc. need not honor any allocation request unless notified in writing at the time of each purchase, as to the identities of the applicable project owner, general contractor, and bonding company. In the event a past due account is referred to an attorney for collection, applicant agrees to pay expenses of collection, including court costs, other expenses, and an attorney's fee of twenty-five (25%) of the amount due when referred. In the event of suit, applicant and the undersigned consent to suit in Fairfax County Virginia, at MSWS, Inc.'s discretion. Post-judgement interest will accrue at eighteen (18%) per annum on the unpaid account balance. Payment after suit will be applied to attorney's fees, expenses, interest, costs, and principal in that order.

**The applicant authorizes any bank to release account information to MSWS, Inc.**

_____ (Seal)	_____ (Seal)
(Signature)	(Signature)
_____ Name and title	_____ Name and title
_____ Social security number	_____ Social Security number
_____ Date of birth	_____ Date of birth

**Personal Guarantee-Must Be Signed!!**

The undersigned personally guarantee(s) payment of all money owed to MSWS, Inc. by applicant. This guarantee applies to the applicant, and to any transferee or successor of applicant. This guarantee shall remain in effect until MSWS, Inc. receives written notice of it's revocation, signed by the guarantor, and any such revocation shall be effective only as to the obligations incurred by applicant after receipt of such notice. MSWS, Inc. may at any time without notice or consent of a guarantor, renew, extend, or modify any obligation of applicant, and guarantor shall remain liable with respect to such obligation as renewed, extended, or modified. MSWW, Inc. may in its sole discretion, and without to or consent of the guarantor, release or make settlement with the applicant or any other person, and guarantor shall remain liable to MSWS, Inc. in the full amount provided hereunder, not withstanding the release of or settlement with any other person. MSWS, Inc. shall not be required either to pursue or exhaust its rights against the applicant in order to enforce this guarantee against guarantor. Delay by MSWS, Inc. in exercising any rights or remedies it may have with respect to any obligation shall not discharge or affect in any way the liabilities of guarantor under this guarantee. MSWS Inc. in it's sole discretion without notice or consent of the guarantor and without affecting the liability of the guarantor hereunder, may apply any sums received for any source whatsoever to any obligation of applicant whether or not guaranteed hereunder, in such order or in such amounts as it elects, irrespective of the order in which such obligations were incurred and without regard to the continued existence of obligations subject to this guarantee. This guarantee shall bind the heirs, executors, administrators, personal representatives, assigns and successors of the guarantor, and shall not be terminated by death of the guarantor.

_____ (Seal)	_____ (Seal)
(Personal Guarantor)	(Personal Guarantor)
_____ Social security number	_____ Social security number
_____ Date of birth	_____ Date of birth
_____ Date	_____ Date

**All information must be provided or credit will be denied**  
**Please mail original application to: 7623 Fullerton Rd Springfield VA 22153**  
**Any application submitted via facsimile shall be deemed an original**