

# CHAPMAN WINDOWS & DOORS

## CREDIT APPLICATION AND GUARANTEE

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

The Undersigned represents and guarantees that the following information is complete and accurate:

**Buyer's Full Legal Business Name** (and Trade Name, if any): \_\_\_\_\_

**Physical Address:** \_\_\_\_\_ **Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_ **Website:** \_\_\_\_\_

**Type of Business:** Sole Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ LLC \_\_\_\_\_ Other: \_\_\_\_\_

**Federal I.D.# of Buyer:** \_\_\_\_\_ **State Incorporated:** \_\_\_\_\_ **Date of Incorporation:** \_\_\_\_\_

**Have you done business under any other name in the past 5 years?** YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, under what names \_\_\_\_\_ **Address:** \_\_\_\_\_

**Name of Bonding Co. /Surety** \_\_\_\_\_ **Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Insurance Agent:** \_\_\_\_\_ **Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Company Officers / Partners/Members/ Owners:**

(1) \_\_\_\_\_ (name) \_\_\_\_\_ (Title) \_\_\_\_\_ (Soc. Sec. No.) \_\_\_\_\_ (Driver's Lic. No.) \_\_\_\_\_ (Phone) \_\_\_\_\_  
 \_\_\_\_\_ (Home Address / No P.O. Box Accepted) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zipcode) \_\_\_\_\_ (Email) \_\_\_\_\_

(2) \_\_\_\_\_ (name) \_\_\_\_\_ (Title) \_\_\_\_\_ (Soc. Sec. No.) \_\_\_\_\_ (Driver's Lic. No.) \_\_\_\_\_ (Phone) \_\_\_\_\_  
 \_\_\_\_\_ (Home Address / No P.O. Box Accepted) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zipcode) \_\_\_\_\_ (Email) \_\_\_\_\_

(3) \_\_\_\_\_ (name) \_\_\_\_\_ (Title) \_\_\_\_\_ (Soc. Sec. No.) \_\_\_\_\_ (Driver's Lic. No.) \_\_\_\_\_ (Phone) \_\_\_\_\_  
 \_\_\_\_\_ (Home Address / No P.O. Box Accepted) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zipcode) \_\_\_\_\_ (Email) \_\_\_\_\_

**Name of Bank where Applicant has Account(s):**

Name	City	State	Phone	Type of Acct.	Account #

**Vendor References:** (List current Vendor / Suppliers where your have credit)

Name	Address	City	State	Zip	Phone #	Account #
1.						
2.						
3.						
4.						
5.						
6.						

Chapman Windows & Doors, 882 South Matlack Street – Unit G  
 West Chester, PA 19382  
 Phone: 610-431-8995  
 Fax: 610-431-1119

# CHAPMAN WINDOWS & DOORS

## AUTHORIZATION & TERMS & CONDITIONS

Buyer and Guarantor(s) authorize Seller and its designees to obtain information from the above references and from all other available sources for credit purposes and at any time to collect past due indebtedness and such references and sources are directed to furnish all requested information. Information we obtain will only be used by our credit department. It is understood that the undersigned will pay collection costs incurred to collect the account balance, including attorney's fee. The undersigned agrees that if credit is granted by Chapman Windows & Doors, the undersigned will be responsible for all invoices as presented. Applicants who pay after the due date on their invoices will be subject to cancellation of their credit privileges.

Applicant agrees that exclusive jurisdiction and venue shall be in the state or federal courts in Chester County, PA.

All amounts are due and payable at the remittance address shown on the invoice. Applicant acknowledges that a monthly finance charge shall be made on all sums due, which have not been paid within the terms, specified on the invoice. Applicant agrees to promptly pay said finance charges.

I (We) certify the credit application has been read and understood and agree to the terms and conditions. I (We) also certify that the above furnished information is true and correct. In the case of a Corporation or partnership, the undersigned also represents that he or she has the authority to enter into this agreement on behalf of said Corporation or Partnership.

DATED: \_\_\_\_\_

BUYER: \_\_\_\_\_  
(Buyer Signature)

\_\_\_\_\_  
(Print Name and Title)

DATED: \_\_\_\_\_

BUYER: \_\_\_\_\_  
(Buyer Signature)

\_\_\_\_\_  
(Print Name and Title)

## Personal Guarantee

And now, this \_\_\_\_\_ day of \_\_\_\_\_, the undersigned, for good and valuable consideration, and intending to be legally bound hereby, guarantee payment of all sums presently due or which become due by Purchaser to Chapman Windows & Doors, to include collection costs and reasonable attorneys' fees, as a consequence and in consideration of Chapman Windows & Doors acceptance of the order and future orders, and further jointly and severally waive presentation, demand, notice of demand, and notice of non-payment; and further agree that their liability shall be joint and several and unconditional without regard to the liability of any other party. This must be signed by the President and Vice President of the company if a corporation, all partners if a partnership, or by the individual and spouse applying for a personal account.

DATED: \_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

DATED: \_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

DATED: \_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

**FAXED COPIES WILL INITIATE PROCESS – ORIGINALS MUST BE RECEIVED IN ORDER TO OPEN ACCOUNT.**

Chapman Windows & Doors, 882 South Matlack Street – Unit G  
West Chester, PA 19382  
Phone: 610-431-8995  
Fax: 610-431-1119