



WWW.SNOWANDJONES.COM

85 Accord Park Dr.
Norwell, MA 02061
781-878-83312
F: 781-878-5218

Thank you for your interest in opening an account with us. Attached you will find application for either an invoiced account or a cash account. An invoice account receives monthly statements and our terms are 2% 10 days/net 30. We accept cash, checks, or all major credit cards for cash accounts. Please fill in your desired application and email to Danielle.jones@snowandjones.com or fax it to 781-878-5218. We appreciate your time and look forward to doing business with you.

SNOW AND JONES, INC.
85 ACCORD PARK DRIVE
P.O. BOX 157
ACCORD, MA 02018-0157
(800) 244-0260 Fax (781) 878-5218

**CREDIT APPLICATION
CREDIT AGREEMENT AND PERSONAL GUARANTY**

Name of Applicant: _____ Date: _____
Exact Name of Business: _____
Business Address _____
City: _____ State _____ Zip: _____
Telephone #: _____ Fax#: () _____ E-mail: _____
Corporate Tax ID #: _____ Date Incorporated: _____

The following information must be completed in full, and will be used in connection with SNOW AND JONES, INC. 's decision to grant or deny credit. Type of Business: ___ Corporation ___ Partnership ___ Other ___ Sole Proprietorship ___ LLC ___ Limited Partnership ___ Trust. Years in Business ___ Year incorporated? ___ Have you ever conducted business with our company before? ___ Yes ___ No
If so, when? _____ If so, under what name? _____
Have you ever filed bankruptcy? _____

Sales Tax Status: _____ Taxable _____ Exempt (Attach Exemption Certificate)

List Three Business References:

Name	Address	Fax # (** <u>must be provided to process application</u> **)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Lending/Financial Institute:

Name	Address	Checking Acct #	Telephone #
_____	_____	_____	_____

Officers/Directors of Corporation: _____

Name	Title	Home Address	Telephone #
_____	_____	_____	_____
_____	_____	_____	_____

Purchase order required: ___Yes ___No Job name required: ___Yes ___No
Back orders excepted: ___Yes ___No
Would you like your picking ticket priced when order is placed: ___Yes ___No

I/We authorize the following individuals to charge goods purchased from you to my/our account:

The above information is for the purpose of obtaining credit and is represented to be true and accurate.

The undersigned individual(s)* who is either a principal of the credit applicant or a sole proprietorship of the credit applicant, recognizing that his or her credit history may be a factor in the continuing evaluation of the credit history of the applicant, hereby consents and authorizes the use of a consumer credit report on the credit applicant as well as asset searches on the undersigned individuals(s) by SNOW AND JONES, INC. and it's agents, employees and attorneys, at any time I/We agree that SNOW AND JONES, INC. may provide any such credit information to others without my/our prior consent.

PERSONAL GUARANTY OF PAYMENT

In consideration of Snow and Jones, Inc. extending credit to the above Applicant, we the undersigned individuals, jointly, severally, individually and personally guarantee the payment of any and all future obligations of the above Applicant, which may be due and owing Snow and Jones, Inc. This guarantee is continuing in nature and can only be terminated by the mailing and/or delivering by Snow and Jones, Inc. of WRITTEN NOTICE of such termination to the individual guarantors. Individual guarantors herein further agree to pay upon demand all cost and expense of collection, including but not necessarily limited to fees and/or attorney fees herein fixed at 30% of the amount sought for the collection, together with interest on the outstanding principal balance at the rate of 2% per month on any and all invoices not paid in accordance with the terms therein.

Signature of guarantor: _____ S.S.#: _____

Signature of guarantor: _____ S.S.#: _____

Date: _____

DO NOT FILL IN THIS AREA-COMPANY USE ONLY

DATE _____ PERSON AUTHORIZING APPROVAL _____

APPROVED: _____ Yes _____ No Branch #: _____

PRICE CLASS: _____ SALESMAN: _____



Plumbing & Heating Solutions

Cash Account Application

Business Name: _____

Contractor Name: _____

Address: _____

City: _____ **State:** _____ **ZIP:** _____

Email: _____

Phone: _____

Fax: _____

Types of Business (check all that apply)

_____ Heating _____ Plumbing _____ HVAC

_____ Remodeling _____ New Construction _____ Oil

_____ Well/Irrigation

INTERNAL USE

BRANCH: _____ SALESMAN: _____ PC: _____