



# YEAGER SUPPLY, INC.

## Industrial Piping Supplies

1440 North 6<sup>th</sup> Street  
 Reading, PA 19601  
 610-376-8037  
 800-422-8140  
 FAX 610-376-0171

### CREDIT APPLICATION

(PLEASE PRINT OR TYPE)

APPLICANT (BUSINESS OR CORPORATE NAME)			APPLICATION DATE	
BUSINESS STREET ADDRESS		CITY	STATE	ZIP
BILLING ADDRESS (STREET OR P.O. BOX)	CITY	STATE	ZIP	
BUSINESS TELEPHONE NO.	BUSINESS FAX NO.	RESALE PERMIT OR SALES TAX NO.		
FORM OF BUSINESS: <input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION				
YEAR ESTABLISHED	ENGAGED IN THE BUSINESS OF	ESTIMATED MONTHLY PURCHASES		
BUSINESS BUILDING IS: <input type="checkbox"/> OWNED <input type="checkbox"/> RENTED				
			NAME OF LANDLORD	LANDLORD'S TELEPHONE NO.

LANDLORD'S ADDRESS	CITY	STATE	ZIP
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#### OWNERS (IF APPLICANT IS A SOLE PROPRIETORSHIP OR PARTNERSHIP) OR OFFICERS (IF A CORPORATION)

NAME	TITLE	S.S.N.	HOME PHONE NO.
HOME ADDRESS		CITY	STATE ZIP
NAME	TITLE	S.S.N.	HOME PHONE NO.
HOME ADDRESS		CITY	STATE ZIP
NAME	TITLE	S.S.N.	HOME PHONE NO.
HOME ADDRESS		CITY	STATE ZIP

#### BANK OR SAVINGS AND LOAN ASSOCIATION

NAME	ACCOUNT NO.	TYPE OF ACCOUNT
BRANCH ADDRESS		CITY STATE ZIP
NAME	ACCOUNT NO.	TYPE OF ACCOUNT
BRANCH ADDRESS		CITY STATE ZIP

#### APPLICANT'S PRINCIPAL SUPPLIERS (LIST AT LEAST THREE)

NAME	TELEPHONE NO.	FAX NO.
ADDRESS		CITY STATE ZIP
NAME	TELEPHONE NO.	FAX NO.
ADDRESS		CITY STATE ZIP
NAME	TELEPHONE NO.	FAX NO.
ADDRESS		CITY STATE ZIP

TERMS: In consideration of Yeager Supply, Inc. extending credit to the Applicant, the Applicant agrees to pay for all items delivered or services rendered at the request of the Applicant, in accordance with the terms of each invoice. Applicant agrees that each of the terms and conditions for sale as indicated on the invoices shall be a term of the contract of each sale from Yeager Supply, Inc. to the Applicant. Applicant acknowledges that a monthly service charge of the highest amount legally allowed in the state shall be made on all sums due Yeager Supply, Inc. which have not been paid by the 30<sup>th</sup> day shall be due and payable every thirty (30) days thereafter. Waiver of any one or more service charges shall not be deemed to be a waiver of future service charges. Applicant further agrees that with regard to such service charges, Applicant and Yeager Supply, Inc. are parties to a written commercial contract. Should it become necessary to place the account with a collection agency or attorney, the Applicant agrees to pay all collection costs. Applicant authorizes Yeager Supply, Inc. to obtain credit and financial information concerning the Applicant from any source. The undersigned warrants that the above agreement has been carefully read and that the Applicant understands completely.

PRINT NAME OF APPLICANT	TITLE	SIGNATURE OF APPLICANT	DATE
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If a corporation, please complete the following:

I/We,

\_\_\_\_\_  
GUARANTOR(S)

for and in consideration of your extending credit at my/our request to

\_\_\_\_\_  
COMPANY NAME OF GUARANTOR(S)

hereby personally guarantee to you the payment of any obligation of the above company, and I/we hereby agree to bind myself/ourselves to pay you on demand any sum which may become due to you by the company whenever the company shall fail to pay the same. It is understood that this guarantee shall be a continuing and irrevocable guaranty and indemnity for such indebtedness of the company. I/We do hereby waive notice of default, non-payment and notice thereof and consent to any modification or renewal of the credit agreement hereby guaranteed. If the credit is granted, it is understood to be under the conditions set forth in the above statement of terms.

Guarantor:

\_\_\_\_\_  
PRINT NAME S.S.N.

\_\_\_\_\_  
SIGNATURE DATE (MUST AGREE WITH NOTARY)

\_\_\_\_\_  
HOME ADDRESS TELEPHONE

Guarantor:

\_\_\_\_\_  
PRINT NAME S.S.N.

\_\_\_\_\_  
SIGNATURE DATE (MUST AGREE WITH NOTARY)

\_\_\_\_\_  
HOME ADDRESS TELEPHONE

Above signatures to be notarized

STATE OF \_\_\_\_\_, COUNTY OF \_\_\_\_\_

I CERTIFY that on \_\_\_\_\_, 20\_\_\_\_,

\_\_\_\_\_  
personally came before me and acknowledged under oath, to my satisfaction, that this person (or if more than one, each person):

- (a) is named in and personally signed this document; and
- (b) signed, sealed and delivered this document as his or her act and deed.

NOTARY SEAL

\_\_\_\_\_  
(NOTARY PUBLIC)

Notary Stamp  
With Expiration Date:

