



# SMITH & WARREN



127 OAKLEY AVE., WHITE PLAINS, NY 10601 - PHONE: 800-532-2343 FAX: 914-948-1627

## - ACCOUNT APPLICATION -

E-mail: \_\_\_\_\_ Website \_\_\_\_\_

Name of Business: \_\_\_\_\_ Phone #: ( ) - \_\_\_\_\_ - \_\_\_\_\_

D.B.A.: \_\_\_\_\_ Fax #: ( ) - \_\_\_\_\_ - \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Shipping Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

[ ] - Storefront [ ] - Office Suite [ ] - Home Based Business [ ] - Internet Business [ ] - Other: \_\_\_\_\_

Type of Co.: [ ] - Corporation [ ] - Partnership [ ] - Individual Owner  Federal I.D.# \_\_\_\_\_ - \_\_\_\_\_

Type of Business: [ ] - Uniform Dealer [ ] - Sporting Goods Store [ ] - Police Equipment [ ] - Gun Dealer  
[ ] - Firefighter's Equipment [ ] - Trophy & Plaques Other: \_\_\_\_\_ Years in Business: \_\_\_\_\_

Terms Desired: [ ] - Prepaid/Credit Card [ ] - Open Account (Net-30) Credit Limit Desired: \$ \_\_\_\_\_

Name of Owner/Officer: \_\_\_\_\_ Title: \_\_\_\_\_ S.S.#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name of Owner/Officer: \_\_\_\_\_ Title: \_\_\_\_\_ S.S.#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

### - Trade References -

1. Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: ( ) - \_\_\_\_\_ - \_\_\_\_\_ Fax #: ( ) - \_\_\_\_\_ - \_\_\_\_\_

2. Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: ( ) - \_\_\_\_\_ - \_\_\_\_\_ Fax #: ( ) - \_\_\_\_\_ - \_\_\_\_\_

3. Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: ( ) - \_\_\_\_\_ - \_\_\_\_\_ Fax #: ( ) - \_\_\_\_\_ - \_\_\_\_\_

4. Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: ( ) - \_\_\_\_\_ - \_\_\_\_\_ Fax #: ( ) - \_\_\_\_\_ - \_\_\_\_\_

### - Bank Reference -

1. Bank: \_\_\_\_\_ Acc't. #: \_\_\_\_\_ Ph: ( ) \_\_\_\_\_ - \_\_\_\_\_

Contact Person: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Personal Guarantee: In consideration for credit extended, the undersigned contracts and guarantees to the faithful payment, when due, of all accounts of the company seeking credit from the date of this application. The undersign guarantor expressly waives all notice of acceptance of this guarantee, of extension of credit, presentment of demand for payment of any notice of default by the company seeking credit and all other notices the guarantor might be entitled to.

Authorized Signature: **X** \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_