



**Dear Future Coastal Supply Group Customer,**

Attached you will find a Coastal Supply Group Credit Application.

When completing the enclosed application, please be certain to include all of the following information, so we can properly process your account in a timely manner.

1. Please provide us with your complete company name. If not incorporated, you must supply us with a copy of your Doing Business Certificate.
2. Please provide us with your actual street address. A post office box number will not be accepted.
3. Each officer or partner must supply us with their home address, home telephone number, social security number, date of birth, and copy of driver's license.
4. Please provide us with at least three (3) trade references, their full address (no PO Boxes), telephone number, and person to contact.
5. Please provide us with the name of your bank, your company account number, their full address, telephone number and person to contact. A canceled check will also be required. A signed permission statement is also required to obtain info.
6. Please be certain that you and any other officers or partners, if any, have signed the application in all areas that are required (**SEE PAGES 2 & 3**).
7. Please read both pages of the entire application prior to signing it.
8. **Please indicate the credit limit your are requesting. \$ \_\_\_\_\_**

We thank you and appreciate your interest in Coastal Supply Group and look forward to doing business together in the near future.

If you have any questions at all, please feel free to call us at the above phone number.

**Please Fax the completed Application to Accounts Receivable at 718-727-8314.**

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**COASTAL SUPPLY GROUP**

480 Bay Street • Staten Island, NY 10304 • Tel: (718) 447-2692 • Fax (718) 448-7534  
135 New Dorp Lane • Staten Island, NY 10306 • Tel: (718) 979-0011 • Fax: (718) 667-0190  
2274 Arthur Kill • Staten Island, NY 10309 • Tel: (718) 966-8382 • Fax: (718) 966-8463  
416 W Grand Street • Elizabeth, NJ 07202 • Tel: (908) 351-0300 • Fax: (908) 354-4807  
38-16 Skillman Avenue • Long Island City, NY 11101 • Tel: (718) 942-3300 • Fax: (718) 942-3310  
3490 U.S. 9, Freehold, NJ 07728 • Tel: (732) 462-4800 • Fax: (732) 462-3011



**APPLICANT**

DATE \_\_\_\_\_

Company Name \_\_\_\_\_ Tax ID \_\_\_\_\_  
 Address (No P.O. Box) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Mobile: \_\_\_\_\_  
 E-Mail Address: \_\_\_\_\_ D-U-N-S # \_\_\_\_\_

**OFFICERS / PRINCIPALS / OWNERS**

Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Address (No P.O. Box) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Social Security No. \_\_\_\_\_ Drivers License No. \_\_\_\_\_ State \_\_\_\_\_  
 Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Address (No P.O. Box) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Social Security No. \_\_\_\_\_ Drivers License No. \_\_\_\_\_ State \_\_\_\_\_

**ABOUT YOUR COMPANY** (Check all that apply)

Plumbing  Heating  HVACR  Waterworks  Residential  Commercial  Repair/Remodel  Designer  Government

**Please Check one:**  Corporation  Partnership  Sole Proprietor  LLC

Estimated Monthly Volume \$ \_\_\_\_\_ Credit Line Requested: \_\_\_\_\_ Date Established: \_\_\_\_\_

State of Incorporation: \_\_\_\_\_ Number of Employees: \_\_\_\_\_

**BILLING INFORMATION**

Billing Address (if different from above) \_\_\_\_\_

Invoice Delivery:  By E-Mail  By Fax E-Mail Address/Fax #: \_\_\_\_\_

Purchase Order # Required?  YES  NO Special Billing Instructions: \_\_\_\_\_

Are you Tax Exempt? ?  YES  NO IF YES, Tax Exempt Certificate or Resale Certificate must be Attached.

**TRADE REFERENCES:**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_ Contact \_\_\_\_\_

Address (No P.O. Box) \_\_\_\_\_ City/Town \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_ Contact \_\_\_\_\_

Address (No P.O. Box) \_\_\_\_\_ City/Town \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_ Contact \_\_\_\_\_

Address (No P.O. Box) \_\_\_\_\_ City/Town \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**BANK REFERENCE:**

Account Number \_\_\_\_\_

Bank Name \_\_\_\_\_ Phone \_\_\_\_\_ Contact \_\_\_\_\_

Address \_\_\_\_\_ City/Town \_\_\_\_\_ ZIP Code \_\_\_\_\_

I/We give Coastal Supply Group, or authorized representative, permission to obtain information on the above account.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_



N E W Y O R K · N E W J E R S E Y

**MASTER SALES AGREEMENT**

It is agreed by and between the entity named, as well as the named individual(s), in consideration of obtaining any form of purchases or the extension of credit from Coastal Supply Group, their representatives agents and/or manufacturers, etc. by pickup and/or deliveries, but not limited to, do hereby agree to the following terms and conditions.

**CREDIT REPORT:** By signing below, the entity named and/or the individuals(s) named, hereby authorize Coastal Supply Group or authorized representative/company to run a credit report for the purpose of extending credit and to obtain future credit reports from time to time with regard to the future extension of credit. In the event of a default, you authorize our collection firm to run your credit report.

**METHOD OF BILLING:** Purchase month begins 1<sup>st</sup> of current month until the 31<sup>st</sup> of the current month.

**PAYMENT:** Entire balance must be received by the close of business on the 31<sup>st</sup> day of the succeeding month. Payments received after this date shall be considered late. All accounts deemed late shall incur a two percent (2%) service charge per month, which is equal to twenty-four percent (24%) per anum.

**RETURNED CHECKS:** Any and all returned checks, for whatever reason, shall incur a \$50.00 charge.

**DEFAULT:** It is further agreed by and between the entity named, as well as the named individual(s), that should payment not be received when duly demanded, and should such account remain in default for a period of not less than thirty (30) days, Coastal Supply Group, or any of their representatives shall have the right to place the delinquent account to a collection agency or attorney for collection. It is further agreed, should such a referral become necessary, the entity named and/or individual(s) will be responsible to pay all costs of the collection agency or attorney, which will be an amount not less than thirty percent (30%) of any outstanding amount owed, besides any and all costs of a lawsuit, should it become necessary. Credit applicant also authorizes Coastal Supply Group to execute Uniform Commercial Code financing statements including continuations and amendments to financing statement in the case where a security agreement is required. Credit application further authorizes Coastal Supply Group, to retain all information and reports for their files.

**NOTICE TO ALL BUYERS:** By signing below on behalf of the entity named and any individual(s) named, I/we hereby certify, that, I/we have read this entire agreement consisting of two (2) pages and accept all of its conditions and further state that, I/we, have received a copy of this entire agreement, and realize should any information be false, it can be grounds for denial of purchases or the extension of credit. An extended version of our terms are available by request.

SIGNATURE OF CORPORATE OFFICER (1): \_\_\_\_\_ DATE \_\_\_\_\_

PRINTED NAME & TITLE \_\_\_\_\_

SIGNATURE OF CORPORATE OFFICER (2): \_\_\_\_\_ DATE \_\_\_\_\_

PRINTED NAME&TITLE \_\_\_\_\_

**PERSONAL GUARANTY**

The entity named, as well as the named individual(s), for any and all value received and/or future consideration of any credit from Coastal Supply Group, their representatives, agents, manufacturers etc., do hereby agree to unconditionally absolutely and irrevocably personally guarantee the full and prompt payment due under this agreement and agree to be jointly and severally liable.

This guarantee may not be altered, modified, terminated or waved orally and shall continue in full force and effect until the entire balance is paid in full. This agreement will apply to all purchases or extension of credit and will apply from time to time in lieu of a new contract.

SIGNATURE OF GUARANTOR (1): \_\_\_\_\_ DATE \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_ S.S.N. \_\_\_\_\_

SIGNATURE OF GUARANTOR (2): \_\_\_\_\_ DATE \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_ S.S.N. \_\_\_\_\_



**ACCOUNTS PAYABLE INFORMATION**

COMPANY NAME: \_\_\_\_\_

COMPANY ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

ACCOUNTS PAYABLE CONTACT: \_\_\_\_\_

ACCOUNTS PAYABLE PHONE NUMBER: \_\_\_\_\_

ACCOUNTS PAYABLE FAX NUMBER: \_\_\_\_\_

ACCOUNTS PAYABLE EMAIL: \_\_\_\_\_