



10 Dell Glen Avenue, Lodi, NJ 07644 • Phone: (855) 330-8371 • E-Mail: billing@allcountyapparel.com

Credit Application and Payment Agreement

“The following information is provided by applicant to All-County Apparel for the purpose of obtaining credit for purchases of material and services”

Company Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Billing

P.O. Box Number: _____

City: _____ State: _____ Zip: _____ Billing

Corporate Entity Name: _____ Telephone: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Billing

****Note: Please Indicate Which Address Above Is To Be Used For Billing****

Telephone: _____ Fax: _____ E-Mail: _____

Taxable: Yes No (If nontaxable, please attach a Texas resale certificate and submit it along with this agreement.)

Name and Title of Person Supplying Information: _____

Name, Title and Telephone of Person to Contact on Credit and Financial Matters: _____

Type of Business: Corporation Partnership Sole Proprietorship

If Incorporated, Please Provide the Names of Company Officers:

President: _____

Vice President: _____

Secretary/Treasurer: _____

If company is partnership or sole proprietorship, please provide the following information on each of the partners and/or proprietors:

Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Social Security #: _____ Driver License #: _____

Telephone: _____ Fax: _____

Name: _____
Street: _____
City: _____ State: _____ Zip: _____
Social Security #: _____ Driver License #: _____
Telephone: _____ Fax: _____

Length of Time in Business: _____
Estimated Monthly Purchases from All-County Apparel: _____
Purchase Order Numbers Required: Yes No

TRADE AND BANKING REFERENCES

Company Name:	Address:	Telephone & Fax #:
1) _____ _____		
2) _____ _____		
3) _____ _____		
4) _____ _____		

Bank Name: _____
Address: _____
Officer Handling Account: _____
Telephone: _____

CREDIT APPLICATION

Applicant agrees to pay for all purchases from All-County Apparel in accordance with the credit terms as follows:

1. Terms are Net 30, due 30 days after date of invoice.
2. Applicant agrees that it is responsible for payment of all purchases made by the applicant and the applicant's employees. In the event payment is not timely made, interest will accrue at the highest rate allowed by law on all past due amounts. Applicant also agrees to pay all costs and expenses associated with collection of the account, including but not limited to reasonable attorney's fees in the event the account is placed with an attorney for collection or suit. Applicant agrees to pay all amounts due and owing for purchased at the offices of All-County Apparel in Lodi, New Jersey.

Agreed to and Accepted by: _____
Signature Required (Company Officer, Partner or Proprietor)

Print Name: _____

Title: _____

Date: _____



PERSONAL GUARANTEE (optional)

I personally guarantee the payment of all debts incurred to All-County Apparel on behalf of the applicant company, _____. In the event that payment for said debts are turned over for collection or presented for payment in a court of law, payment will be made upon presentation of unpaid invoices with certification of non-payment by a public accountant certified in the State of Texas.

Agreed to and Accepted by: _____
Signature Required (Personally and Individually)

Print Name: _____

Date: _____