

CREDIT APPLICATION

TURE: DATE:
NAME: TITLE:
E AGREEMENT HAS BEEN CAREFULLY READ AND THAT THE APPLICANT UNDERSTANDS SAME.
TIES TO A WRITTEN CONTRACT. SHOULD IT BE NECESSARY TO PLACE THE ACCOUNT WITH A COLLECTION AGENCY OR ATTORNEY THE IT AGREES TO PAY ALL COLLECTION COSTS AND ATTORNEY FEES IN ADDITION TO ALL OTHER SUMS DUE. THE UNDERSIGNED WARRAI
CHARGES. APPLICANT FURTHER AGREES THAT WITH REGARD TO SUCH SERVICE CHARGES APPLICANT AND MODERN FASTENERS, INC.
IIRTY DAYS THEREAFTER. WAIVER OF ANY ONE OR MORE SERVICE CHARGES SHALL NOT BE DEEMED TO BE A WAIVER OF FUTURE
IPTLY PAY SAID SERVICE CHARGES. AN ADDITIONAL SERVICE CHARGE, COMPUTED ON THE SAME BASIS, WILL BE DUE AND PAYABLE
I ALL SUMS DUE MODERN FASTENERS, INC. WHICH HAVE NOT BEEN PAID BY THE 45th DAY FOLLOWING BILLING AND APPLICANT AGE
E REQUEST OF APPLICANT BY MODERN FASTERS, INC. IN ACCORDANCE WITH THE TERMS OF 1% 10 DAYS, NET 30 DAYS FROM DATE O APPLICANT ACKNOWLEDGES THAT A MONTHLY SERVICE CHARGE OF THE HIGHEST AMOUNT LEGALLY ALLOWED IN THIS STATE SHALL
DERATION OF MODERN FASTENERS, INC. EXTENDING CREDIT TO APPLICANT, APPLICANT AGREES TO PAY FOR ALL ITEMS DELIVERED T
GUARANTEE OF ACCOUNT
Please return by fax: 215-947-3381 or email: marie@modernfasteners.com
rx: Fax:
ss: Address:
any: Company:
rx: Fax:
ss: Address:
any: Company:
PLEASE PROVIDE FAX NUMBER ONLY (IF NOT PROVIDED PROCESSING MAY BE DELAYED)
VENDOR or SUPPLIER REFERENCES - MINIMUM OF FOUR REQUIRED
E: CONTACT:
ESS:
: ACCOUNT #:
A/P Contact: Email:
CIPALS: President: Email:
OF COMPANY: Corporation LLC Partnership Sole Propietor
or SOCIAL SECURITY #: DATE ESTABLISHED:
NE: FAX:
PANY NAME:RESS:

1701-A Loretta Ave.; Feasterville, PA 19053