

# Ceiling Systems Distributors

2410 Woodmere Drive  
Pittsburgh, Pa. 15205

Phone: 412-922-7100  
Fax: 412-922-5212

## APPLICATION & AGREEMENT FOR AN OPEN ACCOUNT

**\*Please allow 5-7 business days for processing.**

Account Name: \_\_\_\_\_  
(Legal Name or Owner's Name if different)

Billing Address: \_\_\_\_\_  
(If P.O. Box, show Street Address or physical location in Parenthesis)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

President/Owner(s) Name: \_\_\_\_\_ Treas./Controller: \_\_\_\_\_

Occupation or Service: \_\_\_\_\_ Individual \_\_\_\_\_ Corporation \_\_\_\_\_ Partnership \_\_\_\_\_

Credit Limit Request: \_\_\_\_\_ State and Date of Incorporation: \_\_\_\_\_

1. Has the ownership or control of the business changed in the past 5 years? No \_\_\_\_\_ if Yes, explain \_\_\_\_\_  
Have you previously had an account here? \_\_\_\_\_
2. Date business started: \_\_\_\_\_ How many years at current location: \_\_\_\_\_
3. Name and relationship of affiliated companies: \_\_\_\_\_
4. Has applicant, any of its affiliated companies, owners, partner or officers ever filed a voluntary petition in bankruptcy, been adjudged bankrupt or made an assignment for the benefit of creditors? YES \_\_\_\_\_ NO \_\_\_\_\_
5. Has a tax lien been filed against applicant, any of its affiliated companies, owner, partner or officers within the past five (5) years? YES \_\_\_\_\_ NO \_\_\_\_\_
6. Has business been conducted under any other names during the past five (5) years? YES \_\_\_\_\_ NO \_\_\_\_\_

### APPLICANT'S AUTHORIZATION & AGREEMENT

In support of this application, Ceiling Systems Distributors is hereby authorized to obtain credit and/or financial information from my/our bank(s), other financial institutions or commercial firms with whom I/we have done business. It is understood that any such credit and/or financial information will be held in strict confidence and used only in consideration of this application.

Upon approval of this application, it is agreed that all purchases will be paid in full and in accordance with the terms of sale as stated on invoice(s), statement or **NET 30 DAYS**. Should I/we not pay Ceiling Systems Distributors according to terms, it is understood that credit privileges may be withdrawn. Should Ceiling Systems Distributors find it necessary to obtain assistance in collecting any past due balance, I/we agree to pay interest at the rate of 1-1/2% per month (or such other rate allowable by law) and collection/legal fees as required.

Authorized Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Bank with: \_\_\_\_\_ At: \_\_\_\_\_  
Phone: \_\_\_\_\_ Acct No. \_\_\_\_\_ Contact: \_\_\_\_\_

**TRADE REFERENCE** (list at least three (3) including a business similar to your requesting needs)

<u>NAME</u>	<u>ADDRESS</u>	<u>TELEPHONE NO./FAX NO.</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**PERSONAL GUARANTEE**

*For the purpose of inducing Ceiling Systems Distributors to extend credit for the sale of building materials/supplies to:* \_\_\_\_\_, or any person or entity related to said company receiving materials, directly or indirectly from Ceiling Systems Distributors (CSD), (herein collectively referred to as the "Customer") and in further consideration, the receipt of which is hereby acknowledged, the undersigned do hereby guarantee unconditionally, irrevocably and absolutely, without limitation as to time, payment per invoices of all sums due CSD for such sales to the Customer or any related entity in accordance with the terms and conditions contained herein.

The person or persons signing this Guarantee recognize and agree that they are jointly and separately liable with the Customer for all indebtedness owed by the Customer or any related entity. Each of the undersigned agrees that this Guarantee is being signed in his or her individual capacity and not in his or her representative capacity as an officer or director of a company.

The undersigned further agrees to pay cost of collection, including attorney fees, and interest at the rate of eighteen (18) percent per annum (or other rate as allowable by law) on all past due accounts. The undersigned waive notice of non-payment of the account by the Customer and also agree that this is a continuing and absolute guarantee. The undersigned waive acceptance of the guarantee, notice of the amount of indebtedness, and notice of default or any extensions of time for payment.

**Ceiling Systems Distributors terms of sale are Net 30 days**

(Witness) seal	(Guarantor) seal	Date
(Witness) seal	(Guarantor) seal	Date
(Witness) seal	(Guarantor) seal	Date

**OFFICIAL USE ONLY**

For Customers desiring to make payments using an approved charge card please complete the following:

Account Name: \_\_\_\_\_ Charge Card Holders Name: \_\_\_\_\_

Card Holders Social Security No.: \_\_\_\_\_ or Drivers License No. \_\_\_\_\_ State: \_\_\_\_  
(One of the above is required for identification)

Credit Card Type: \_\_\_\_\_ Credit Card No.: \_\_\_\_\_ Credit Limit: \_\_\_\_\_ Expiration: \_\_\_\_\_

For the purpose of Ceiling Systems Distributors extending credit to me, and to act as a guarantee for my account indebtedness, I agree to authorize Ceiling Systems Distributors to debit the above listed charge card when either the **payment due date** or **credit limit is exceeded** should the Customer fail to provide alternate payment prior to due date for payment in full. Any change to the above **guarantee account** must be reported to Ceiling Systems Distributors.

\_\_\_\_\_  
(Authorization Signature) (Date)

**BANK REFERENCE (OFFICIAL USE ONLY)**

Bank Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_ Years Associated: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Checking Acct. No.: \_\_\_\_\_ Average Cash Balance: \_\_\_\_\_ NSF Checks: Yes \_\_\_ No \_\_\_  
 Loan Experience Since: \_\_\_\_\_ Current Loan Balance: \_\_\_\_\_ Secured: \_\_\_ Unsecured: \_\_\_  
 Maturity Date: \_\_\_\_\_ Payment History: \_\_\_\_\_  
 Comments: \_\_\_\_\_