



A DIVISION OF PRIMAL CUSTOM CUTTING, LLC

APPLICATION FOR CREDIT

PO BOX 5, 603 Washington Avenue, Building 8, South Amboy, New Jersey 08879 Phone: (732) 525-2255 Fax: (732) 525-2252

The Applicant named below herby requests that J.Vrola extends credit to the Applicant for the sale and delivery to Applicant of products sold by J.Vrola In consideration of the extension of credit for which Applicant is hereby applying, Applicant agrees to pay all invoices and bills tendered by J.Vrola (or its successors and assigns) in a timely manner in accordance with the payment terms and procedures established by J. Vrola. Applicant and the Guarantor(s) named below each specifically acknowledge that J.Vrola does not extend credit to business applicants unless all obligations of such applicants to J.Vrola are personally guaranteed by the owner(s) of such business. Each Guarantor named below hereby guarantees payment by the Applicant of all obligations of the Applicant to J.Vrola (or its successors and assigns) including all obligations incurred in the future. In the event that Applicant shall fail to pay any obligation to J.Vrola as required by this Application, each Guarantor agrees that J.Vrola is entitled to demand and received payment of such outstanding obligations from all Guarantors. In the event that any invoice or bill tendered to Applicant is not paid a timely manner, Applicant agrees to pay interest on all outstanding obligations at the rate of 18% per annum until payment in full is received by J.Vrola In the event that J.Vrola elects to employ the services of any attorney to collect my obligation of Applicant or Guarantor(s) to J.Vrola , Applicant and all Guarantors agree to pay attorneys fees equal to 20% of all outstanding amounts owed by Applicant and/or Guarantor to J.Vrola This agreement and guarantee shall be assignable by J.Vrola and shall inure to the benefit of its successors and assigns.

BUSINESS INFORMATION

Corporate Name: DBA:
Address: City: State: Zip:
Phone: Fax:
*Email Address Tax ID#:
How many years in business?
Business is a: (Check one) () Proprietorship () Partnership () Corporation () LLC

GUARANTOR(S) INFORMATION

The following information relates to the applicant's President, Vice President, Managing member(s) or Principal Partners who is/are also the Guarantor(s).

Name: Social Security ID:
Home Address: City: State: Zip:
Home Phone: Alternate Contact: Cell Phone:
*Email Address

Name: Social Security ID:
Home Address: City: State: Zip:
Home Phone: Alternate Contact: Cell Phone:
*Email Address

BANKING INFORMATION

Bank Name: Account Number:
Address: City: State: Zip:
Phone: Fax:
Bank Contact

TRADE REFERENCES

Business Name: Contact Person:
Address: City: State: Zip:
Phone: Fax:

TRADE REFERENCES

Business Name: Contact Person:
Address: City: State: Zip:
Phone: Fax:

TRADE REFERENCES

Business Name: Contact Person:
Address: City: State: Zip:
Phone: Fax:

On behalf of the Applicant and myself personally as Guarantor, I hereby accept all terms and conditions stated herein and agree and unconditionally guarantee that all obligations of the Applicant to J.Vrola (or its successors and assigns) outstanding or to be incurred in the future will be paid as required by this application.

Print Name Title Signature Date

Print Name Title Signature Date



603 Washington Ave. Bldg 8 • South Amboy, NJ 08879

VROLA CREDIT DEPARTMENT

BANK/TRADE RELEASE AUTHORIZATION

Please provide J. Vrola with information regarding my credit history with your firm.

I hereby authorize the release of the information for credit determination purposes.

LEGAL NAME OF APPLICANT & ADDRESS

Authorized Signature: _____

Title: _____

Date: _____

Bank Account # : _____

Bank Name: _____

Bank Address: _____
