

# Remee Products Corp

## Credit Application

468 Route 17 A  
PO Box 488  
Florida, NY 10921  
Phone: 845 651 4431  
Fax: 845 651 1793

True Business Name: \_\_\_\_\_ D&B rating \_\_\_\_\_  
DBA/Trade Name: \_\_\_\_\_ Resale# \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Legal Entry: We are a: Proprietorship \_\_\_ Partnership \_\_\_ Corporation \_\_\_ Established since \_\_\_\_\_  
In the state of \_\_\_\_\_ Corp ID# \_\_\_\_\_ Federal ID# \_\_\_\_\_

### Principals

Name 1 \_\_\_\_\_ SS # \_\_\_\_\_ Title \_\_\_\_\_  
Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_

### Banking Information

Bank \_\_\_\_\_ Address \_\_\_\_\_  
Contact \_\_\_\_\_ Acct# \_\_\_\_\_ Phone# \_\_\_\_\_

### Trade references

Name _____	Name _____
Address _____	Address _____
City _____ St _____ Zip _____	City _____ St _____ Zip _____
Ph _____ Fax _____	Ph _____ Fax _____

Name _____	Name _____
Address _____	Address _____
City _____ St _____ Zip _____	City _____ St _____ Zip _____
Ph _____ Fax _____	Ph _____ Fax _____

### Terms & Conditions

I (we) acknowledge and agree as follows 1) that all accounts are due and payable according to the terms noted on each invoice. 2) Past due balances shall be subject to an interest charge of 1.5% per month from the date they are due, and payable through and including the date payment is received by Remee Products Corp 3) returned checks are subject to a \$20.00 service charge. 4) I (we) agree to be personally liable for any and all reasonable costs incurred and collection costs, whether or not suit is filed. Payment of said costs is to be made not later than seven (7) days from the date Remee products Corp provides documentation of same. 5) If legal action is filed I (we) agree venue will be Goshen, New York. 6) I personally guarantee payment of all sums due Remee Products Corp., and certify that the statements and information contained herein are accurate and correct, and further authorize Remee Products, or its agents, to investigate the references or other data furnished by the undersigned.

Credit Line requested \$ \_\_\_\_\_

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date