



Niedax MonoSystems, Inc.
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monosystems.com

Please forward original copy to:
Accounting@monosystems.com

CONFIDENTIAL CREDIT APPLICATION

Line of Credit Requested \$ Present Balance \$ Date:

NEW Customers: Expected Monthly Purchase \$ Estimated Amount of Opening Order \$

Business Name Phone - -

Legal Name of Corp. (if different) Fax# - -

Parent Company (if any)

Address Years at Current Address
STREET CITY/STATE ZIP

Shipping Address
STREET CITY/STATE ZIP

Who will be placing Orders?

D/B/A Federal Tax ID Number

Former Business Address (if applicable)

Type of Business Date Established How many Years in Business

Does State, County or City Require a License? Yes No If no, list State Sales Tax Exemption #

Special Ordering Instructions

Will you pay Sales Tax? Yes No If no, list State Sales Tax Exemption #

OWNERSHIP: Sole Owner Partnership Corporation

Principal NAME TITLE SS#

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Principal NAME TITLE SS#

TRADE REFERENCES: (Suppliers of Major Products & Services)

Table with 2 columns: Name, Address/Phone

**\*\*PLEASE ATTACH FINANCIAL STATEMENT\*\***

**BANK REFERENCE:**      Checking \_\_\_\_\_      Loan \_\_\_\_\_      Savings \_\_\_\_\_

NAME	ADDRESS	ACCT#	CONTACT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Number of Employees \_\_\_\_\_ Estimated Annual Sales \_\_\_\_\_ Sales Area \_\_\_\_\_

**Has the Company or any of its Principals ever been Bankrupt?** Yes \_\_\_ No \_\_\_ Business Name \_\_\_\_\_

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mortgage Holder/Landlord \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

**OTHER BUSINESS DEBTS:**

Name	ADDRESS	BALANCE DUE
_____	_____	_____
_____	_____	_____
_____	_____	_____

Account Contact Person \_\_\_\_\_  
NAME TITLE

TYPE OF CREDIT AGREEMENT: \_\_\_\_\_

Applicant agrees to pay any collection costs incurred to collect the amount balance, including reasonable attorney's fees. Niedax MonoSystems will automatically access a 1.5% Finance Charge per month on all past due invoices.

**PERSONAL GUARANTEE**

In consideration of credit being extended by Niedax MonoSystems to the above named applicant for merchandise to be purchased whether applicant be an individual or individuals, a proprietorship, a partnership, a corporation, or other entity, the undersigned guarantor or guarantors each hereby contract and guarantee to the faithful payment when due, of said applicant for purchases made within five years next after the date of the application. The undersigned guarantor or guarantors each hereby expressly waive all notice of acceptance of this guarantee, notice of extension of credit to applicant presentment, and demand for payment on applicant, protest and notice to undersigned guarantor or guarantors of dishonor or default by applicant or with respect to any security held Niedax MonoSystems, extension of time of payment to applicant acceptance of partial payment or partial compromise, all other notices to which the undersigned revocation of the guarantee shall by in writing and delivered to Niedax MonoSystems.

The Undersigned Will \_\_\_ Will Not \_\_\_ (check one) Submit a Financial Statement. THE UNDERSIGNED HAVE READ AND UNDERSTAND THIS CREDIT APPLICATION AND AGREE TO THE ABOVE TERMS AND CONDITIONS. THE UNDERSIGNED CERTIFY THAT THE INFORMATION PROVIDED IN THE APPLICATION IS TRUE AND CORRECT. You are authorized to investigate the credit references listed above.

NAME	SS#	NAME	SS#
NAME	SS#	NAME	SS#