



**Essex Sales & Marketing Group, Inc.**

# CREDIT APPLICATION

Essex Sales & Marketing Group, Inc.  
301 Route 17 South, Hillburn, NY 10931-1235  
Ph: (877) 923-7739

Sales Rep # \_\_\_\_\_

COMPANY NAME \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SHIPPING ADDRESS (IF DIFFERENT) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE # \_\_\_\_\_ FAX # \_\_\_\_\_ EMAIL \_\_\_\_\_

Type of Ownership:  Individual  Partnership  Corporation  LLC

Tax Status: Are you tax exempt?  NO  Yes – Please return a resale certificate with this application. If you don't, we must legally charge you sales tax until we receive a copy of your resale certificate. Sales tax is not refundable.

**PLEASE LIST ALL ACTIVE TRADE REFERENCES BELOW**

(1) Name \_\_\_\_\_ Account # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_

(2) Name \_\_\_\_\_ Account # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_

(3) Name \_\_\_\_\_ Account # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_

**STANDARD OPEN TERMS, IF GRANTED, ARE NET 30 DAYS FROM DATE OF INVOICE.**

**READ CAREFULLY:** I (we) agree to keep within you published terms of sale. I (we) also understand that should this account become delinquent and it be necessary to employ an attorney or collection agency to collect or commence suit to enforce payment. I (We) agree to pay all attorney collection fees plus the cost of any suit. I (we) further agree to pay all monies due in lawful money of the United States. Further I (we) understand and agree that any amounts owed under this agreement are not transferable and in the event of change of ownership of the application. I (we) will notify Essex Sales & Marketing Group, Inc. in writing within thirty (30) days prior to any change of ownership, change in location or cessation of business activity. I (we) further agree that I (we) agree that I (we) will be personally responsible for any money not paid by the applicant. **All principals must sign below:**

Print Name \_\_\_\_\_

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Signature \_\_\_\_\_

The undersigned individual who is either a principal of the credit applicant or a sole proprietorship of the credit applicant recognizing that his or her individual credit history may be a factor in the evaluation of the credit history of the applicant, hereby consents to and authorizes the use of a consumer credit reports on the undersigned by the above named business credit grantor, from time to time as maybe needed, the credit evaluation.

Print \_\_\_\_\_ Date \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security Name \_\_\_\_\_ Signature \_\_\_\_\_

**Please Fax Back To: 877-533-7739**

*Graber • Gould • House Parts • Paris Texas Hardware • Select • The Finial Company  
BTX • Somfy • Conso • Trimland*