

# J. VROLA —INC—

## 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 hereby requests that J. Vrola, Inc. extends credit to the Applicant for the sale and delivery to Applicant of products sold by J. Vrola, Inc. 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, Inc. in a timely manner in accordance with the payment terms and procedures established by J. Vrola Inc. Applicant and the Guarantor(s) named below each specifically acknowledge that J. Vrola, Inc. does not extend credit to business applicants unless all obligations of such applicants to J. Vrola, Inc. 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, Inc. including all obligations incurred in the future. In the event that Applicant shall fail to pay any obligation to J. Vrola, Inc. as required by this Application, each Guarantor agrees that J. Vrola, Inc. 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, Inc. In the event that J. Vrola, Inc. elects to employ the services of any attorney to collect my obligation of Applicant or Guarantor(s) to J. Vrola, Inc., 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, Inc.

### BUSINESS INFORMATION

Business name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
**\*Email Address** \_\_\_\_\_  
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, Inc. outstanding or to be incurred in the future will be paid as required by this application.

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Print Name \_\_\_\_\_ Title \_\_\_\_\_ Signature \_\_\_\_\_  
Date \_\_\_\_\_

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Print Name \_\_\_\_\_ Title \_\_\_\_\_ Signature \_\_\_\_\_  
Date \_\_\_\_\_