



**Application for Credit**  
**PO Box 5, 603 Washington Ave, Building 8, South Amboy, NJ 08879**  
**P: 732.525.2255 F:732.525.2252**  
**Email: credit@vrola.com www.vrola.com**

The Applicant named below hereby 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, Inc. Applicant and Guarantor(s) names below each specifically acknowledge that J. Vrola does not extend 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 receive payment of such outstanding obligations from all Guarantors. In the event that any invoice or bill tendered to Applicant is not paid in 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 attorney's 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: \_\_\_\_\_  
 How many years in business: \_\_\_\_\_ Tax ID#: \_\_\_\_\_  
 Business is a: (Check one) ( ) Proprietorship ( ) Partnership ( ) Corporation ( ) LLC  
 Terms Requested: \_\_\_\_\_ Contact for Payment: \_\_\_\_\_

**GUARANTOR(S) INFORMATION**

The following information relates to the applicant's President, Vice President, Managing member(s) or Principal Partner(s) 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: \_\_\_\_\_

**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 in the future will be paid as required by this application.

Print Name Title Signature Date

Print Name Title Signature Date

**SALESMAN:** \_\_\_\_\_

**DATE:** \_\_\_\_\_



**Application for Credit**  
PO Box 5, 603 Washington Ave, Building 8, South Amboy, NJ 08879  
P: 732.525.2255 F:732.525.2252  
Email: credit@vrola.com www.vrola.com

## **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 and Address

---

---

---

---

Authorized Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Bank Account #: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_



**Application for Credit**  
 PO Box 5, 603 Washington Ave, Building 8, South Amboy, NJ 08879  
 P: 732.525.2255 F:732.525.2252  
 Email: credit@vrola.com www.vrola.com

## CERTIFICATION AND AUTHORIZATION TO RELEASE INFORMATION

I hereby certify that the information in this Account and Credit Application is true and correct. I also certify that the information given in this Application and in any other financial statements provided is for the use of J. Vrola in determining the amount and conditions of credit to be extended to me or my business. I hereby authorize the bank and supplier references listed in this Account and Credit Application to release to J. Vrola, the information it requires to establish a line of credit for me or my business. I understand that J. Vrola may also use other sources of credit information it considers reliable in making its determination.

**Individual or Corporate Name to be Billed:** \_\_\_\_\_

**DBA or Trade Name:** \_\_\_\_\_ **Telephone Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Owner or Officer:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Title:** \_\_\_\_\_

## Authorization for Credit Report

I am executing this Authorization for Credit Report Individually for the purpose of authorizing J. Vrola to obtain a consumer credit report from time to time on me through a credit and consumer reporting agencies or other sources. I understand that J. Vrola will use such reports to evaluate my creditworthiness in connection with the proposed extension of business credit to the Application from time to time. I hereby knowingly consent to the use of such reports in accordance with the Federal Fair Credit Reporting Act as contained in the 15 U.S.C. 1681, et seq., as amended.

**Name:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_