



Brock Supply Co. ~ 2150 E Rio Salado Pkwy ~ Tempe, AZ 85281

Phone: 1-800-528-4400 ~ Fax: 1-800-889-0431

Arizona Texas Virginia

Credit Application

Business Name _____ Credit Amount Requested \$ _____

Type of Business _____ Federal Tax ID# _____

Phone (____) _____ Fax (____) _____ Email _____

Mailing Address _____

City _____ State _____ Zip _____

Shipping Address _____

City _____ State _____ Zip _____ Years at this Address _____

Does State, County, or City require a License? Yes No If Yes, License # _____

OWNERSHIP: Sole Proprietorship Partnership Corporation : State _____

PRINCIPAL: _____
(NAME) (Title) (SS#)

PRINCIPAL: _____
(NAME) (Title) (SS#)

No. of Employees _____ Est. Annual sales _____ Date Established _____

Other companies with same owner _____

Credit References:

Name: _____ Type of Business: _____

Address: _____ City: _____ ST: _____ Zip: _____

Phone: _____ Fax: _____ Contact: _____

Name: _____ Type of Business: _____

Address: _____ City: _____ ST: _____ Zip: _____

Phone: _____ Fax: _____ Contact: _____

Name: _____ Type of Business: _____

Address: _____ City: _____ ST: _____ Zip: _____

Phone: _____ Fax: _____ Contact: _____

Name: _____ Type of Business: _____

Address: _____ City: _____ ST: _____ Zip: _____

Phone: _____ Fax: _____ Contact: _____

Has the firm or any of its principals ever been Bankrupt? Yes / No

If yes, please explain

Conditions:

Any misrepresentation in this application will be considered evidence of fraud, since this information is the basis for the extending of credit. As an inducement to grant credit, the undersigned warrants that the information submitted is true and correct. You are authorized to investigate the credit references and principals listed.

1. In consideration for the extension of credit, said business promises to pay for all purchases within the terms agreed of Net 30 days and agrees to pay a service charge per month of 1-1/2% per month (18% annual percentage rate) on all past due balances. In the event any third parties are employed to collect any outstanding monies owed by said business the undersigned agrees to pay reasonable collection costs, including attorney fees, whether or not litigation has commenced, and all costs of litigation incurred.
2. All claims for adjustments or shortages must be made within 7 business days of receipt of goods. Items returned for refund or replacement must be received within 30 days of purchase date and include a copy of the invoice.
3. Statements are sent at the end of every month via email. A valid email must be kept on file at all times. Please immediately notify us of any changes.
4. Application is subject to written approval by Brock Supply Co. Credit may be cancelled or suspended at any time.

I have read and hereby agree to the above terms and regulations. Only signatures by Owner(s) or Officer(s) of the company will be accepted.

(Name of Business)

(Print Name)

(Title)

(Signature)

(Print Name)

(Title)

(Signature)

Monthly Statement Email Address

(Email Address)

Statements are sent via email. Please enter the correct email address to receive your monthly statement.

Personal Guarantee

In consideration for Brock Supply Co. extending credit to the business identified below for any materials and/or services after this date at the request of applicants or its agents, the undersigned individual hereby personally guarantees unconditionally and irrevocably the prompt payment of any sums now or hereafter owed to Brock Supply Co. by the business identified below whether said sums are due under open account, contract or otherwise.

This guaranty shall continue in force until notice in writing, sent by registered or certified mail, return receipt requested is received by Brock Supply Co. Said notice shall specify the date on which this guaranty is to be terminated, said date not to be less than seven days after such notice is received. Such termination shall in no way release the undersigned as to any sum or debt incurred prior to such termination.

Name: _____

Date _____

Home address _____

Home Phone # _____ SS# _____

Signature of person guaranteeing payment _____

Name of Business whose account is guaranteed _____

For office use only:

Line of Credit Approved / Denied Approved by: _____

Credit Limit _____

Account No. _____ Date: _____

Class _____

Sales ID _____
