Credit Application							
BUSINESS CONTACT INFORMATION:		DATE:					
Applicant's name:			DBA:				
Bill to street address/PO Box:							
City: State:		Zip:					
Ship to street address (if different from bill to):							
City:		State:	Zip:				
Company Phone:			Fax:				
Amount of credit sought (appro	ximate	ely one month's order	rs):				
Accounts Payable Contact name:							
AP Phone:	e: AP Fax:		AP E-mail:				
Date business started:			Type of business:				
Check one below:			•				
Sole proprietor:	Par	tnership:	Corporation:	LLC:			
EMAIL OR FAX INVOICES TO:							
NAME OF PERSON TO CONTACT	WHEN	ACCOUNT IS APPROV	VED:				
Telephone:	E-m	nail:					
Owner/Officer Name and Title		Home Address		SSN			
1.							
Spouse:							
Spouse: 2.							
2.							
2. Spouse:							
2. Spouse: 3.	ONE M		ATERIALS SUPPLIER PLEASE-*	NEED FAX# (OR EMAIL TO REQUEST		
2. Spouse: 3. Spouse:	ONE M			NEED FAX# (OR EMAIL TO REQUEST		
2. Spouse: 3. Spouse: BUSINESS/TRADE REFERENCES-	ONE M	RE		NEED FAX# (DR EMAIL TO REQUEST		
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2. Spouse: 3. Spouse: BUSINESS/TRADE REFERENCES- Company name: Phone:		RE	FFERENCE	NEED FAX# (OR EMAIL TO REQUEST		
2. Spouse: 3. Spouse: BUSINESS/TRADE REFERENCES- Company name: Phone: Type of account:		RE	FFERENCE	NEED FAX# (DR EMAIL TO REQUEST		
2. Spouse: 3. Spouse: BUSINESS/TRADE REFERENCES- Company name: Phone: Type of account: Company name:	*Fa	RE	*E-mail:	NEED FAX# (DR EMAIL TO REQUEST		
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GENERAL TERMS/CONDITIONS: This Credit Application ("Application") is between RF Fager Company extending credit and the Applicant named on page one hereof ("Applicant"). Applicant acknowledges that Applicant is furnishing the information requested herein for the purpose of procuring credit from time to time with RF Fager Company. Applicant represents and warrants that said information is true and correct. Applicant authorizes RF Fager Company to obtain credit and financial information concerning Applicant at any time and from any source. In addition, Applicant authorizes RF Fager Company to contact the credit references listed herein and hereby grants permission to those references to release information about Applicant's credit history.

PAYMENT TERMS-NET 30:

- 1. 1.50% per month service charge will be added on accounts that are not paid within 30 days of statement date.
- If applicant changes business forms, it must notify RF Fager Company of the change in writing, return receipt requested, and a new credit application must be supplied to RF Fager Company for approval. Otherwise, all purchases shall remain the obligation of the original applicant.
- 3. No returns after 30 days from date of purchase.
- 4. Non-stock items IF RETURNABLE 25% minimum Restocking Fee & Freight to Return
- 5. Non-stock items ordered Freight Charges Apply
- 6. Custom manufactured goods are non-returnable.
- 7. All warranties are extended from the manufacturer of the product, not the RF Fager Company.
- 8. A return check fee will be assessed on any checks returned by the bank.
- 9. Any litigation that should occur between the parties herein will take place in Cumberland County, PA.

10. Should the account be referred for collections, RF Fager Company is entitled to all collection costs including collection agency fees, attorneys fees, costs and interest incurred in the collection of any amount due hereunder.

Applicant agrees to the terms set forth. Applicant acknowledges that it is currently solvent, that is currently able to meet its obligations and that assets exceed liabilities.

Authorized applicant's signature accepting terms and conditions:

(Signature)	(Date)
(Print)	
(Spouse's Signature)	(Date)

(Print)

Personal Guarantee:

In consideration of the extension of credit by RF Fager Company to the applicant named above, fr the sale of goods, wares and merchandise upon credit, I/We do hereby personally guarantee to RF Fager Company, its successors and assigns, in accordance with the terms of sale, of the price and value of all goods, wares and merchandise sold by it to applicant named above from time to time on and after the date hereof. In the event this account is placed in the hands of an attorney for collection or suit is instituted to collection any portion thereof, 1/We do hereby agree to pay reasonable attorney fees and costs. This guarantee shall remain in full force and effect unless and until withdrawn by Me/Our giving ten (10) days written notice sent via certified mail, return receipt requested, of the withdrawal of the guaranty to RF Fager Company. The withdrawal of the guarantee is effective only to the purchases subsequent to notice of withdrawal. Notice of acceptance of this guaranty and non-payment at maturity are hereby waived.

(Signature)	(Date)	(Print Name)	
(Spouse's Signature)	(Date)	(Print Name)	
Main Branch:			
2058 State Road, Camp Hill, PA 17011 Additional Locations:	Ph: 717.761.0660	Fx: 717.761.5839	
816R McAllister Street, Hanover, PA 17331	Ph: 717.632.0560	Fx: 717.632.1688	
3901D Derry St., Harrisburg, PA 17111	Ph: 717.564.1166	Fx: 717.564.6056	
575 Maryland Ave., York, PA 17404	Ph: 717.650.2375	Fx: 717.885.0174	
225 York Rd. Carlisle, PA 17013	Ph: 717.462.6542	Fx: 717.462.6794	
1716 Whitehead Rd. Woodlawn MD 21207	Ph: 443-429-1925	5 Fx: 410-893-3722	