



100 West Road
 Portsmouth, NH 03801
 www.standardne.com

Tel: 603-436-1400
 800-225-7747
 Fax: 603-431-3958

APPLICATION FOR CREDIT

Legal Name of Business: _____ Today's Date _____
 DBA Name : _____
 Physical Address: _____
 Billing Address (if different): _____
 Sales Email: _____ Billing Email : _____
 Telephone #: _____ Fax #: _____
 Please send invoices via (please circle one): E-mail / US Mail / Fax
 Invoices are to be sent to the attention of: _____

NAME & TITLE OF PRINCIPALS:			
Name	Title	Address	Phone

Nature of Business: _____
 Sales Tax Status (please circle one): Taxable / Exempt # _____ (Attach Exemption Certificate to this form)
 Federal ID #: _____ In Business Since: _____ Dun and Bradstreet #: _____
 Business Structure (please circle one): Corporation / Partnership / Sole Proprietor / Government / University / Other: _____

BANK REFERENCES:			
Bank Name	Address	Account #	Phone

TRADE REFERENCES:				
Name	Address	City / State / Zip	Phone	Account #

I/We hereby give approval for the release of banking and credit information from the Bank and Trade References listed above to Standard of New England, LLC to be used solely for the meaningful completion of this Application for Credit.

I/We authorize Standard of New England, LLC to investigate the references listed above pertaining to my/our credit responsibility. Furthermore, I/we agree to pay to Standard of New England, LLC all reasonable costs related to the collection of overdue monies and payables, including but not limited to attorney fees. Standard of New England, LLC may at any time suspend or revoke any credit extended if, in its opinion, the buyer's financial condition or any other circumstances reasonably warrant. APPLICANTS' SIGNATURE(S) ATTESTS FINANCIAL RESPONSIBILITY AND THE ABILITY AND WILLINGNESS TO PAY INVOICES IN ACCORDANCE TO THE TERMS STATED IN THE ACCEPTANCE LETTER. A finance charge of 1.5% per month (18% per annum) will be applied to all past due invoices monthly.

Please note: All employees of your business are authorized to charge on this account unless we are notified in writing.

Authorized by:

_____	_____	_____	_____
(Signature)	(Title)	(Signature)	(Title)
_____	_____	_____	_____
(Print Name)	(Date)	(Print Name)	(Date)

INDIVIDUAL GUARANTEE OF PAYMENT

The undersigned, hereby being the principal(s) of the above business applicant, in consideration of extending credit to the applicant based upon this application, jointly and severally, individually, unconditionally guarantee(s) payment of any and all present or future obligations and indebtedness which the applicant has incurred or shall incur to Standard of New England, LLC. The undersigned further agrees to pay all reasonable costs, collection fees, attorney fees and expenses incurred in the event of failure of applicant to pay all obligations and indebtedness when due.

Signature: _____	Signature: _____
Social Security #: _____	Social Security #: _____
Address: _____	Address: _____