

Salesman: _____



FESCO DISTRIBUTORS, INC.

**APPLICATION
STATUS**

- New Request
- Update Acct

**PAYMENT TERMS
REQUESTED**

- Net Terms
- Credit Card
- COD Company Check

If mailing, please send to:

FESCO DISTRIBUTORS

1 Rewe Street, Brooklyn, NY 11211

Fax Application w/ Resale Cert. to:

(212) 473-1873

All information is necessary to process your application. Missing information or incomplete applications will result in a delay in processing your request.

Company Information:

Legal Business Name: _____ FEIN # _____

Type of Business Retail Online Custom Install Wholesale Other _____

D.B.A (if any) _____

Shipping Address: _____ City _____ State _____ Zip _____

Billing Address: _____ City _____ State _____ Zip _____

Primary Contact: _____ Phone Number: _____ Fax Number : _____

E-mail address: _____ Website _____ Resale # _____

Purchasing Contact: _____ Purchaser's Phone Number: _____

Accounts Payable Contact: _____ Accounts Payable Phone Number: _____

Duns # _____ No. of Stores _____ No. of Employees _____ Year Established _____ State _____

Est. Monthly Order Volume _____ Type of Entity Corporation Partnership Sole Proprietorship

The Owners Are:

Name: _____ SS# _____ Cell Number: _____

Home Address: _____ City _____ State _____ Zip _____

Name: _____ SS# _____ Cell Number: _____

Home Address: _____ City _____ State _____ Zip _____

How did you find out about us? Ad Which magazine _____ Met a salesman Referral Other

Bank Information:

Bank name: _____ Routing # _____ Account # _____
Address: _____ City _____ State _____ Zip _____
Contact name: _____ Phone # _____ Fax # _____

Trade References: Note - Failure to provide a minimum of four references will result in a processing delay*Please provide credible references. Credit Card, Add'l Bank References and Personal References are NOT accepted. Please note that each reference MUST include the correct credit departments contact email. Failure to provide this will invalidate said reference.

Company name: _____	Company name _____
Address: _____	Address: _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Phone # () _____	Phone # () _____
Email: _____	Email: _____
Contact name: _____	Contact name: _____

Company name: _____	Company name _____
Address: _____	Address: _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Phone # () _____	Phone # () _____
Email: _____	Email: _____
Contact name: _____	Contact name: _____

Under penalties of perjury, I swear or affirm that the information on this form is true and correct as to every material matter. I do hereby any of the above mentioned banks to give a full credit report to Fesco Distributors, Inc., for the purpose of extending credit. I accept personal responsibility for the payment of invoices to my company for merchandise received from Fesco Distributors, Inc.

_____ Owner's authorized signature	_____ Print Name	_____ Date
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_____ Owner's authorized signature	_____ Print Name	_____ Date
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All of the above information must be completed before submitting the application. Resale certificate must be attached to application in order to be processed. If you have any questions regarding this application, please call (888) 88-FESCO or (212) 260-0666.



FESCO DISTRIBUTORS, INC.

CREDIT AND SECURITY AGREEMENT:

This agreement shall constitute a security agreement within the meaning of the New York Uniform Commercial Code (UCC). The applicant hereby grants to Fesco a security interest in all inventory and goods purchased by the Applicant any accounts receivable of the Applicant. Should the applicant not pay all sums due to Fesco, as stated on the invoice, a monthly finance charge of 1.5% shall accrue. The applicant also agrees to pay all attorneys' fees and costs if it becomes necessary to go to an attorney for collection.

Customers must notify the Company of any concealed damage within five business days of receipt of the product (claim). Failure to timely notify the Company of a claim shall be deemed an acceptance of the product as of the date of shipment. This agreement is governed by the laws of the State of New York without regard to its internal laws governing respecting conflicts of law. The applicant unconditionally accepts exclusive jurisdiction of any state or federal court located in New York City over any action or proceeding arising from this agreement and waives any claim that New York State is not a convenient or proper forum.

Applicant's Business Name: _____

Signature: _____

Title _____ Date: _____

PERSONAL GUARANTY:

For valuable consideration the receipt of which is acknowledged, including, but not limited to, the extension of credit by Fesco Distributors, Inc. to _____, the undersigned, individually, jointly and severally, unconditionally guarantee (s) to Fesco Distributors Inc, the full and prompt pay by _____ of all obligations which Guarantor presently or hereafter may have to Fesco Distributors, Inc. Guarantor shall pay all attorney's fees court costs, and other expenses incurred in enforcing this guaranty whether or not suit is filed. The Guarantor's obligations shall not be released or affected by any renewal, extension, or modification of the terms of the obligations guaranteed or any forbearance or compromise. This is a continuing Guaranty and shall remain in full force until guarantor delivers to Fesco Distributors, Inc. written notice of revocation as to indebtedness incurred subsequent to such delivery. Revocation shall not affect any of obligations hereunder with respect to indebtedness incurred. Notice of acceptance of this guaranty and diligence, presentment, demand, protest and notice of any kind and all defenses are waived. The undersigned personal guarantor, recognizing that his or her individual credit history may be a necessary factor in the evaluation of this personal guarantee, hereby consents to and authorizes the use of a consumer credit report on the undersigned, by the above named business credit guarantor from time to time as may be needed, in the evaluation process.

Signature _____ Print name _____ Date _____

Spouse's signature _____ Print Name _____ Date _____