



Joseph F. O'Hora & Sons, Inc.

Credit Application

Credit Agreement and Personal Guarantee

1400-02 N. Washington Ave, Scranton, PA 18509 Ph. (570) 342-7778 Fax (570) 342-2560

www.jfohora.com

ACCOUNT INFORMATION

For the purposes of obtaining merchandise on credit, I/we submit the following information. I/we understand that this information will be kept confidential. I/we hereby authorize you or your authorized agents to verify and/or obtain additional information from these and/or other sources.

Name _____

Billing Address _____

Billing Town _____ State _____ Zip Code _____

Telephone Number _____ Fax Number _____

Billing E-mail _____ Web Site _____

Physical Address (if different) _____

Years in business _____ Years at this location _____ Number of employees _____

Type of business _____ Approx. Annual Sales \$_____

Taxpayer Identification Number () EIN or () SS# _____

- () Pennsylvania Corporation
- () Proprietorship (Sole Owner)
- () Partnership
- () Corporation, State of _____
- () LLC.
- () Non-Profit Corporation

OWNERS OR OFFICERS

Name _____ Title _____ SS# _____

Address _____ Telephone _____

Town _____ State _____ Zip Code _____

E-mail _____

Name _____ Title _____ SS# _____

Address _____ Telephone _____

Town _____ State _____ Zip Code _____

E-mail _____

Name _____ Title _____ SS# _____

Address _____ Telephone _____

Town _____ State _____ Zip Code _____

E-mail _____

Please indicate your estimated monthly purchases.

- Under \$ 2,500 \$ 2,500 \$ 5,000
 \$ 10,000 Over \$ 10,000 Other _____

Have any of the principals named herein had in the last fifteen years any suits, judgments, bankruptcy or other legal procedures against them? Yes No

If the above answer is 'yes' please explain.

YOUR BUSINESS REFERENCES

BANK REFERENCE

Name of Bank _____ Account Officer _____

Address _____

Type of Banking Relationship _____ Account # _____

TRADE REFERENCES

Name of Supplier _____ Tel. Number _____

Address _____ FAX Number _____

Town _____ State _____ Zip _____

Name of Supplier _____ Tel. Number _____

Address _____ FAX Number _____

Town _____ State _____ Zip _____

Name of Supplier _____ Tel. Number _____

Address _____ FAX Number _____

Town _____ State _____ Zip _____

I/We herein make application to Joseph F. O’Hora & Sons, Inc. for credit. The information herein and supplied in connection with this application is true, accurate, and complete in every respect. I/We hereby authorize Joseph F. O’Hora & Sons, Inc. to verify all credit and financial information provided herein and to contact individuals and companies referred to herein. Furthermore, I/We hereby agree to pay all accounts & invoices in accordance with the terms of sale shown on such invoices and statements.

The undersigned has read and agrees to the terms herein.

Signature

Title

Print Name

Date