



Remit Payment to:
 PO Box 189, Honesdale, PA 18431-0189
 Phone: (800)-233-4210 Accts Rec/Collections
 Toll Free Fax: (866)-460-5226
 credit@topnotchinc.com

CREDIT APPLICATION

State tax resale form or certificate must accompany this application

COMPLETE LEGAL NAME OF BUSINESS: _____

BILLING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

SHIPPING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

BUSINESS PHONE: _____ FAX: _____ EMAIL: _____

YEARS UNDER PRESENT MGMT: _____ YEARS AT PRESENT LOCATION: _____

OWNER OF COMPANY: _____ PRESIDENT OF COMPANY: _____

AP CONTACT: _____ PO CONTACT: _____

PHONE: _____ FAX: _____ PHONE: _____ FAX: _____

EMAIL: _____ EMAIL: _____

ARE PURCHASE ORDERS REQUIRED: _____ FEDERAL EMPLOYEE ID #: _____

CREDIT LIMIT REQUESTED: _____ ESTIMATED ANNUAL SALES: _____

TYPE OF BUSINESS: _____

TYPE OF OWNERSHIP: CORPORATION _____ PARTNERSHIP _____ SOLE PROPRIETORSHIP _____ LLC _____

NAME OTHER BUSINESSES AFFILIATED WITH: _____

RECEIVE INVOICES VIA: US MAIL _____ EMAIL _____ FAX _____

COMMERCIAL BANK REFERENCE

BANK NAME: _____ ACCOUNT NUMBER: _____

PHONE NUMBER: _____ CITY: _____ STATE: _____ ZIP: _____

FAX NUMBER: _____ CONTACT PERSON: _____

COMMERCIAL TRADE REFERENCES

Trade references who have extended the highest amount of credit in the last 12 months

TRADE REFERENCE	ACCOUNT#	PHONE#	EMAIL ADDRESS	FAX#
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

STATEMENT OF TERMS

Applicant authorizes Top Notch Distributors, Inc. to obtain credit reports to be used in connection with this application and to obtain further credit information from any persons or firm set forth in this application and from any other source, including credit profiles on individuals responsible for payment. Applicant further authorizes any bank or commercial business with whom the applicant is doing, or has done any type of business, to give any and all necessary information to Top Notch Distributors, Inc. which will assist in the credit inquiry.

PERSONAL GUARANTEE

In consideration of credit being extended by Top Notch Distributors, Inc for merchandise to be purchased whether an individual or individuals, a proprietorship, a partnership, a corporation or other entity, the undersigned guarantor(s) hereby contract and guarantee to Top Notch Distributors, Inc the faithful payment, when due, of all accounts said applicant for purchases made. Payment shall be personally guaranteed irrespective of status or changes in existing business of which the undersigned is a principal (owner, partner or officer).

Applicant agrees that in the event of default in any payment, to pay all costs of collections, including but limited to, attorney's fees, court cost, and collection agency fees.

Applicant certifies all information furnished is true and accurate, and will be relied upon in the granting of credit.

AUTHORIZED SIGNATURE: _____ TITLE: _____

PRINT: _____ DATE: _____

AUTHORIZED SIGNATURE IS REQUIRED FOR APPROVAL OF APPLICATION