



P.O. Box 467 | 64 Outwater Lane, Garfield, NJ 07026 | Ph: 800-274-6271 | Fax: 800-279-6897

# CREDIT APPLICATION

Name: \_\_\_\_\_

Order Amount: \_\_\_\_\_

Date: \_\_\_\_\_

Urgency: \_\_\_\_\_

## Billing Address

Business Name: \_\_\_\_\_

A/P Contact: \_\_\_\_\_

Number & Street

City, State & Zip Code

Accounts Payable Telephone Number

Accounts Payable Fax Number

## Shipping Address

Number & Street

City, State & Zip Code

Telephone Number

Fax Number

## Business Entity

Sole Proprietor  Partnership  Corporation

Subsidiary of: \_\_\_\_\_

Year Business Established: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Credit Amount Seeking: \_\_\_\_\_

## Website Account

Please set up my account for use on:

SafetySign.com  WaferSeals.com

Pipemarker.com

## Owner/Company Officers

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

### TRADE REFERENCES: (Please complete all information for 3 major suppliers)

1. Name Address Zip Code

Account # Telephone Number Fax Number Contact Name

2. Name Address Zip Code

Account # Telephone Number Fax Number Contact Name

3. Name Address Zip Code

Account # Telephone Number Fax Number Contact Name

TAX STATUS:  Taxable  Tax Exempt – Resale #: \_\_\_\_\_

(Attach Exempt Certificate)

## Bank References

Name of Bank: \_\_\_\_\_ Person to Contact: \_\_\_\_\_

Address: \_\_\_\_\_ Checking Acct. No. \_\_\_\_\_

\_\_\_\_\_ Savings Acct. No. \_\_\_\_\_

Number & Street

City, State & Zip Code

Telephone Number

Fax Number

## Bank Authorization

This is my authorization to release information to Brimar Industries for the purpose of supporting the Credit Application and establishing open credit.

\_\_\_\_\_ Account Name per Bank Records

\_\_\_\_\_ Authorized Signature (Required)

## Terms Of Sale

NET 30 DAYS-Service Charge: 1 ½% per month (18% per annum) assessed to undisputed invoice unpaid 60 days from invoice date BEFORE USING, USER SHALL DETERMINE THE SUITABILITY OF THE PRODUCT FOR HIS/HER INTENDED USE AND ASSUME ALL RISK AND LIABILITY WHATSOEVER IN CONNECTION WITH THE USE.

NO RETURNS WILL BE ACCEPTED WITHOUT WRITTEN AUTHORIZATION. ALL CLAIMS MUST BE MADE IN WRITING NO LATER THAN 30 DAYS AFTER RECEIPT OF MERCHANDISE OR FORFEITURE OF CLAIM WILL RESULT.

ON DEFECTIVE MATERIAL, OUR LIABILITY IS LIMITED TO THE VALUE OF THE MATERIAL OR REPLACEMENT OF SAME. NO ALLOWANCE WILL BE MADE FOR LABOR OR MATERIAL USED IN THE ASSEMBLY.

ANY SUGGESTIONS MADE BY SELLER CONCERNING USES OR APPLICATIONS OF SAID MATERIALS REFLECT SELLER'S OPINION ONLY AND SELLER MAKES NO WARRANTY OF RESULTS TO BE OBTAINED.

LIMITATION OF LIABILITY. WITHIN FIFTEEN (15) DAYS AFTER RECEIPT SHIPMENT OF MATERIAL SOLD HEREUNDER, BUYER SHALL EXAMINE SUCH MATERIAL FOR ANY DAMAGE, DEFECTS OR SHORTAGE. ALL CLAIMS, INCLUDING CLAIMS FOR ALLEGED OR DEFECTIVE GOODS, SHORTAGE OR NON-DELIVERANCE OF GOODS, NEGLIGENCE OR ANY OTHER CAUSE WHATSOEVER, SHALL BE DEEMED WAIVED UNLESS MADE IN WRITING AND RECEIVED BY SELLER WITHIN THIRTY (30) DAYS AFTER BUYER'S RECEIPT OF THE MATERIAL. FAILURE OF BUYER TO GIVE NOTICE OF ANY CLAIM WITHIN SUCH TIME PERIOD SHALL BE DEEMED AN ABSOLUTE AND UNCONDITIONAL WAIVER OF SUCH CLAIM, REGARDLESS OF WHETHER PROCESSING, USE OR RESALE OF THE MATERIAL SHALL HAVE TAKEN PLACE. BUYER'S EXCLUSIVE REMEDY SHALL BE FOR DAMAGES AND SELLER'S LIABILITY FOR ANY AND ALL LOSSES OR DAMAGES RESULTING FROM ANY CAUSE WHATSOEVER, INCLUDING ALLEGED NEGLIGENCE, SHALL IN NO EVENT EXCEED THE PURCHASE PRICE OF THE MATERIAL IN RESPECT TO WHICH THE CLAIM IS MADE, OR AT THE ELECTION OF THE SELLER, THE REPAIR OR REPLACEMENT OF SUCH MATERIAL. SELLER SHALL NOT BE LIABLE FOR, AND BUYER ASSUMES RESPONSIBILITY FOR, ALL PERSONAL INJURY AND PROPERTY DAMAGE RESULTING FROM HANDLING, POSSESSION, USE OR RELEASE OF THE MATERIAL. IN NO EVENT SHALL SELLER BE LIABLE FOR SPECIAL INCIDENTAL OR CONSEQUENTIAL DAMAGES. WHETHER BUYER'S CLAIM IS IN CONTRACT, NEGLIGENCE, STRICT LIABILITY OR OTHERWISE. TRANSPORTATION CHARGES FOR THE RETURN OF MATERIAL SHALL NOT BE PAID UNLESS AUTHORIZED IN ADVANCE BY SELLER.

## Signature

**This section must be completed by Officer, Owner or Partner**

Applicant understands and agrees to meet Brimar Industries Terms of Sale, to pay service charges assessed, and to pay reasonable attorney fees in the event of default.

Company Name: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Authorized Signature (Required)

\_\_\_\_\_ Title

**Application must be complete and signed in order to be processed. Incomplete applications will not be accepted.**