



**CREDIT APPLICATION**  
**555 Furrows Road, Holtsville NY 11742**

**BUSINESS CONTACT INFORMATION**

Company Name:

Address:

City:

State:

Zip:

Phone 1:

D&B #:

Fed ID#:

Fax:

E-Mail:

Date business commenced:

Contact Name:

Sole proprietorship:

Partnership:

Corporation:

Other:

**BUSINESS AND BANK CREDIT REFERENCE INFORMATION**

Owner(s) / Officer(s) Name(s):

Title:

SS #:

- -

Driver Lic. #:

Home Address:

City:

State:

Zip Code:

Bank Name:

Contact & Email

Bank Address:

Phone:

City:

State:

Fax:

Type of account

Account number

Savings

Checking

Other

**BILLING INFORMATION**

Company name:

Billing Address:

City:

State:

ZIP Code:

Phone:

Fax:

Email:

Is A Purchase Order Required?  YES  NO

Authorized Individual:

Is your work taxable?  YES  NO If not, please attach a signed certificate and list your tax exempt or resellers number

Send Invoices to:

**IF IT IS TO BE A BLANKET PO, PLEASE LIST THE NUMBER AND EXPIRATION DATE**

PO#:

Expiration Date:



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**BUSINESS/TRADE REFERENCES**

<b>Company Name:</b>		<b>Contact Name:</b>	
<b>Address:</b>			
<b>City:</b>	<b>State:</b>	<b>Zip:</b>	
<b>Phone:</b>			
<b>Account #:</b>	<b>Fax:</b>	<b>E-Mail:</b>	
<b>Company Name:</b>		<b>Contact Name:</b>	
<b>Address:</b>			
<b>City:</b>	<b>State:</b>	<b>Zip:</b>	
<b>Phone:</b>			
<b>Account #:</b>	<b>Fax:</b>	<b>E-Mail:</b>	
<b>Company Name:</b>		<b>Contact Name:</b>	
<b>Address:</b>			
<b>City:</b>	<b>State:</b>	<b>Zip:</b>	
<b>Phone:</b>			
<b>Account #:</b>	<b>Fax:</b>	<b>E-Mail:</b>	
<b>Company Name:</b>		<b>Contact Name:</b>	
<b>Address:</b>			
<b>City:</b>	<b>State:</b>	<b>Zip:</b>	
<b>Phone:</b>			
<b>Account #:</b>	<b>Fax:</b>	<b>E-Mail:</b>	

AGREEMENT

All invoices are due on a net 30 days basis. We also understand and agree that Sentinel has our permission at any time to conduct a credit investigation including but not limited to bank and trade references and credit bureaus. If this account goes out of terms, we agree that Sentinel may assess us, and we agree to pay reasonable late charges (not to exceed 2% per month, as permitted by law), attorney fees, collection agency fees and other costs associated with any collection efforts. The laws of the State of New York will govern our relationship.

**Personal Guaranty**

In consideration of the extension of credit and sale of materials, equipment rental or work to Applicant, the undersigned Guarantor hereby authorizes Sentinel Solutions LLC. to obtain credit related information from any source regarding Guarantor and personally agrees to and guarantees each and all of the obligations of Applicant as set forth in this Application, including the full and timely payment by Applicant. This is a continuing and unconditional guaranty, which shall remain in effect until it is terminated in writing by Sentinel Solutions LLC. I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institution and trade references listed in this credit application to release necessary information to Sentinel Solutions LLC. for which credit is being applied for in order to verify the information contained herein.

SIGNATURE		
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SIGNATURE OF OWNER	PRINT NAME	DATE

**RELEASE OF INFORMATION**

In conjunction with my request for an open account with Sentinel Solutions Inc., I do hereby authorize the release to Sentinel Solutions any and all information requested by them in their efforts in approving a Line of Credit for myself and/or Company.

SIGNATURE		
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SIGNATURE OF APPLICANT, TITLE	PRINT NAME	DATE

