

ACCOUNT APPLICATION

(PLEASE PRINT LEGIBLY)

NAME: _____ TEL. # _____ FAX# _____
 DEL.ADR: _____
 BILLING ADR: _____
 YEARS IN BUSINESS _____ OWNER'S NAME: _____ SS# _____
 ADDRESS _____ FEDERAL TAX# _____

If tax exempt please provide signed certificate

EMPLOYMENT AND ADDRESS INFORMATION (if applicable)

EMPLOYER: _____ TEL# _____
 ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____

BANK INFORMATON (CT. CUSTOMER ONLY)

CHECKING	SAVINGS
ACCOUNT# _____	ACCOUNT# _____
BANK _____	BANK _____
ADDRESS _____	ADDRESS _____
TEL# _____	TEL# _____

INCORPORATED COMPANY

STATE OF INCORPORATED _____ PRESIDENT'S NAME _____
 STREET ADDRESS _____ CITY _____ ST _____ ZIP _____
 TEL. # _____ SS# _____

AGREEMENT

CUSTOMER AGREES THAT IN THE EVENT ANY BILL IS NOT FULLY PAID WHEN DUE, THE CUSTOMER WILL BE RESPONSIBLE FOR NOT ONLY THE PRINCIPLE AND INTEREST DUE, BUT ALSO AGREES TO PAY ALL COSTS, FEES AND EXPENSES INCURRED BY IVEY INDUSTRIES, INC. FROM THE COLLECTION OF THE DEBT, INCLUDING, BUT NOT LIMITED TO REASONABLE LEGAL FEES, INTEREST, FILING FEES, COURT COSTS AND OTHER RELATED COLLECTION COSTS. IVEY INDUSTRIES, INC. RESERVES THE RIGHT TO CHARGE A PENALTY RATE OF INTEREST, NOT TO EXCEED THE MAXIMUM PERCENTAGE ALLOWED UNDER THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS, IF ANY INVOICE REMAINS UNPAID FOR MORE THAN THIRTY (30) DAYS BEYOND ITS DUE DATE.
 THE INFORMATION SUPPLIED IN THIS APPLICATION IS COMPLETE AND CORRECT. YOU MAY OBTAIN CONSUMER CREDIT REPORT ON ME AND IF MY APPLICATION IS APPROVED, YOU MAY AT ANY TIME IN THE FUTURE OBTAIN ADDITIONAL CONSUMER CREDIT REPORTS TO REVIEW MY ACCOUNT. I HAVE THE RIGHT TO ASK FOR THE NAME AND ADDRESS OF THE CONSUMER REPORTING AGENCY WHICH GAVE YOU THE CONSUMER REPORT.

******* IF YOU DO NOT QUALIFY FOR CREDIT, A CYLINDER DEPOSIT WILL BE REQUIRED FOR ALL CYLINDERS AT IVEY INDUSTRIES STANDARD PRICING *******

OWNERS SIGNATURE _____ DATE _____
 PRINT _____ TITLE _____

PERSONAL GUARANTEE

IN CONSIDERATION FOR CREDIT EXTENDED, THE UNDERSIGNED CONTRACTS AND GUARANTEES TO THE FAITHFUL PAYMENT, WHEN DUE, OF ALL ACCOUNTS OF THE COMPANY SEEKING CREDIT FOR 5 YEARS FROM THE DATE OF THIS APPLICATION. THE UNDERSIGNED GUARANTOR EXPRESSLY WAIVES ALL NOTICE OF ACCEPTANCE OF THIS GUARANTEE, NOTICE OF EXTENSION OF CREDIT, PRESENTMENT OF DEMAND FOR PAYMENT AND ANY NOTICE OF DEFAULT BY THE COMPANY SEEKING CREDIT AND ALL OTHER NOTICES THE GUARANTOR MIGHT BE ENTITLED TO. REVOCATION OF THE GUARANTEE SHALL BE IN WRITING AND DELIVERED BY CERTIFIED MAIL

SIGNATURE _____ DATE _____
 PRINT _____

REQUIREMENT FOR IDENTIFICATION

PROVIDE A PHOTO COPY OF YOUR VALID/ STATE ISSUED DRIVER'S LICENSE
FAILURE TO COMPLETE THIS APPLICATION IN FULL MAY RESULT IN DELAYS IN PROCESSING