

New Customer Credit Application

ERG NY LLC

PLEASE FAX BACK TO 973-221-3134

Please make a copy for your files and mail or fax the original to
ERG Distributors 66 Grant Ave Carteret NJ 07008 T. 973-221-3133 F. 973-221-3134

If you are not a reseller, please do not complete or return this application. We are a wholesaler/distributor. Unless you will
be reselling products purchased from ERG NY LLC and are able to provide us with a copy of your resale certificate, we will
not be able to establish an account with you. This application must be completed before an account is opened and pricing is
quoted.

What Payment Terms are you requesting?

Prepay (Credit Card,Wire Transfer) COD Company Check COD Cashier's Check Net Terms (Not Available for all
customers)

COMPANY INFORMATION:

Form section for Company Information containing fields for Legal Business Trade Name, D/B/A, Facilities leased or owned, Address, Years at present location, Is This a Residence?, City, State, Zip or Postal Code, Tax ID#, Resale Certificate #, Phone, FAX #, and Email Address.

BILLING INFORMATION:

Form section for Billing Information containing fields for A/P Contact, Phone #, Billing Address, City, State, and Zip Code.

SHIPPING INFORMATION:

Form section for Shipping Information containing fields for Shipping Contact(s), Phone Number, Shipping Address, City, State, Zip Code, and a question about Drop Ship authorization.

BUSINESS INFORMATION:

Form section for Business Information containing fields for Type of Business, Date Incorporated, State of Incorporation, D&B Number, Federal ID #, Do you Own or Rent?, and Landlord Information/Phone #.

PRINCIPAL INFORMATION:

Form section for Principal Information containing fields for Owner/Partner(s) Name, Social Security#, Drivers License#, State, Address, City, State, Zip Code, and a question about bankruptcy filing.

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**BANK REFERENCES:**

Bank Name	Complete Address		
Account Numbers			Years dealing with this bank
Bank officer to Contact	( ) Phone # (inc. area code)	( ) FAX (inc. area code)	

**TRADE REFERENCES:** (Related industry purchases during the past 12 months)

Business name and complete address	Contact	Phone #	Account #
1.			
2.			
3.			

At least 3 trade references MUST be provided. Attach another sheet if you wish to include additional references or need more space.

**CREDIT CARD INFORMATION:**

Card Type	Card Number	Expiration Date
Name on Card	Address for Card Holder	
I am an authorized signer on the above card and hereby give permission to bill my credit card when requested.		
Print Name	Signature	Date

**AUTHORIZED BUYERS:**

NAME	PHONE #	FAX #
1.		
2.		
3.		

Customer agrees to notify ERG NY LLC. of any changes in ownership of its business as set forth herein by certified mail: ERG Distributors 66 Grant Ave Carteret NJ 07008 T 973-221-3133 F. 973-221-3134

By submitting this application, I, the undersigned, certify that all information on this application is accurate and true to the best of my knowledge, that I am authorized to submit information of this kind, and that I am authorized to enter into agreements on behalf of my company. I, the undersigned, agree that any dispute arising from any transaction with ERG NY LLC shall be governed by New York law, and shall be decided solely and exclusively by State or Federal courts located in New York, New York and that in the event of any discrepancy, this clause shall control. I, the undersigned, agree that ERG NY LLC shall retain legal title to all goods sold until such time as all amounts due and owing to ERG NY LLC with respect to the goods have been paid in full. I, the undersigned, give authorization to ERG NY LLC and its associates to check and verify my credit history and bank information for the purpose of determining credit rating and business relations.

SIGNATURE

DATE

PRINT NAME AND TITLE