

**INTERNAL USE ONLY**

Cust. No: \_\_\_\_\_ Category: \_\_\_\_\_  
Sales Rep: \_\_\_\_\_ Credit Limit: \_\_\_\_\_  
Entry Date: \_\_\_\_\_ Approved by: \_\_\_\_\_  
P.Lev/PBK: \_\_\_\_\_

**APPLICATION FOR CREDIT****MUST BE FILLED OUT COMPLETELY**

Date \_\_\_\_\_

Trade Name: \_\_\_\_\_ Federal Tax ID Number: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

AP Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please Check: ☐ Individual ☐ Corporation  
☐ Partnership or LLC ☐ State / Gov't Agency, please describe: \_\_\_\_\_  
☐ Resale ☐ Tax Exempt \*\* Please attach signed Resale/Exempt Certificate if applicable \*\*

Type of Business: \_\_\_\_\_ Date Established: \_\_\_\_\_

Amount of Credit Requested: \_\_\_\_\_

**Bank Reference:**

| Financial Institution Name | Contact | Account # | Phone | Email: |
|----------------------------|---------|-----------|-------|--------|
| 1. _____                   | _____   | _____     | _____ | _____  |

**Please List Three ACTIVE Trade References: Include COMPLETE Contact Person & Numbers**

| Trade Reference Name | Contact | Account # | Phone | Email: |
|----------------------|---------|-----------|-------|--------|
| 1. _____             | _____   | _____     | _____ | _____  |
| 2. _____             | _____   | _____     | _____ | _____  |
| 3. _____             | _____   | _____     | _____ | _____  |

**Credit Card Type: MC/VISA/AMEX Check One:** ☐ MasterCard Card #: (last 4 digits only) \_\_\_\_\_  
☐ VISA ☐ AMEX

Name of Issuing Bank: \_\_\_\_\_ Cardholder Name: \_\_\_\_\_

Authorized Signature to charge above credit card account on uncollected balance after 30 days: \_\_\_\_\_

*Applicant's signature attests financial responsibility, ability and willingness to pay invoices in accordance to Barbizon Terms and Conditions of Sale. By signing below, Applicant attests to assenting to these Terms and Conditions in their entirety.*

**Please call the local office (listed on Page 2) to provide your full credit card information**

I/We hereby authorize the firm to whom this application is made to investigate the reference listed pertaining to my/our credit and financial responsibility.

**SUBJECT TO BARBIZON STANDARD TERMS AND CONDITIONS**

Any unpaid balance after thirty (30) days will be subject to 1.5 % service charge per month. Collection costs such as attorney fees, storage, advertising, accounting, and all costs incurred through outside collection services are to be paid by debtor.

Pricing reflects a 3% discount for payment by cash, check or ACH. Payment by wire, credit or P-card voids this discount.

TRADE NAME \_\_\_\_\_

BY \_\_\_\_\_

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

INDIVIDUAL OR PARTNERSHIP ORGANIZATIONS MUST COMPLETE THE NEXT PAGE.

# PERSONAL GUARANTEE

Date\_\_\_\_\_

I, \_\_\_\_\_, residing at \_\_\_\_\_

\_\_\_\_\_ for and inconsideration of your

\_\_\_\_\_  
*NAME OF PARTY*

(Hereinafter referred to as "Purchaser"), hereby personally guarantee to you the payment of any obligation of purchaser and I hereby agree to bind myself to pay you on demand any sum which may become due to you by purchaser whenever purchaser shall fail to pay the same. It is understood that this guarantee shall be a continuing and irrevocable guarantee and indemnity for such indebtedness of purchaser. I do hereby waive notice of default, non-payment and notice thereof and consent of any modification or renewal of the credit agreement hereby guaranteed.

Signature\_\_\_\_\_

Date\_\_\_\_\_

Witness\_\_\_\_\_

Date\_\_\_\_\_

Address\_\_\_\_\_

**Atlanta**  
3980 Dekalb Technology Parkway  
Suite 770  
Atlanta, GA 30340  
404-681-5124  
Fax: 404-681-5315  
bsesales@barbizon.com

**Boston**  
31 Draper Street  
Woburn, MA 01801  
781-935-3920  
Fax: 781-935-9273  
salesne@barbizon.com

**Charlotte**  
1016 McClelland Court Charlotte,  
NC 28206  
704-372-2122  
Fax: 704-372-7422  
bsesales@barbizon.com

**Chicago**  
2525 N. Elston Ave.  
Suite D220  
Chicago, IL 60647  
773-276-8500  
Fax: 773-276-8504  
chisales@barbizon.com

**Dallas**  
2225 E. Beltline Rd. Suite 309  
Carrollton, TX 75006  
972-416-9930  
saleswest@barbizon.com

**Denver**  
8269 East 23rd Avenue  
Suite 111  
Denver, CO 80238  
303-394-9875  
saleswest@barbizon.com

**New York**  
643 11th Avenue  
New York, NY 10036  
212-586-1620  
Fax: 212-247-8818  
benysales@barbizon.com

**Orlando**  
4203 SW 34th Street Orlando,  
FL 32811  
407-999-2647  
bsesales@barbizon.com

**Washington D.C.**  
6437 G General Green Way  
Alexandria, VA 22312  
703-750-3900  
Fax: 703-750-1448  
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