



510 North Goodman Street  
 Rochester, NY 14609  
 Phone (585) 482-3601  
 Office fax (585) 482-6698  
 Counter fax (585) 288-6955

94 Benbro Drive  
 Buffalo, NY 14225  
 Phone (716) 681-6360  
 Fax (716) 681-3956

222 Teall Avenue  
 Syracuse, NY 13210  
 Phone (315) 422-8064  
 Fax (315) 478-1798

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

Name of Company: \_\_\_\_\_ Street: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_ County: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Mobile Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_ Website: \_\_\_\_\_

Type of Business: \_\_\_\_\_ # Years in Business: \_\_\_\_\_

Sales Tax Exemption #: \_\_\_\_\_ Federal ID #: \_\_\_\_\_

Check One: \_\_\_\_\_ Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Sole Proprietorship  
 \_\_\_\_\_ Individual \_\_\_\_\_ Government \_\_\_\_\_ LLC \_\_\_\_\_ LLP

Anticipated yearly volume: \_\_\_\_\_ Initial Order: \_\_\_\_\_

Type of Purchase Control System: \_\_\_\_\_ Purchase Order Only: \_\_\_\_\_

If other, please specify and list names of persons authorized: \_\_\_\_\_

**NAMES OF OFFICERS/OWNERS:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_ % of Ownership: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Social Security #: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Former/Present Affiliated Companies: \_\_\_\_\_

How Related: \_\_\_\_\_

Pending Litigation? \_\_\_\_\_ If Yes, Details: \_\_\_\_\_

Bankruptcy Filed: \_\_\_\_\_ If Yes, Date, City & State of Filing: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ % of Ownership: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Social Security #: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Former/Present Affiliated Companies: \_\_\_\_\_

How Related: \_\_\_\_\_

Pending Litigation? \_\_\_\_\_ If Yes, Details: \_\_\_\_\_

Bankruptcy Filed: \_\_\_\_\_ If Yes, Date, City & State of Filing: \_\_\_\_\_

**CREDIT AND TRADE REFERENCES:**

NAME ADDRESS ACCOUNT NUMBER

BALANCE DUE TELEPHONE/FAX NUMBER CONTACT PERSON

NAME ADDRESS ACCOUNT NUMBER

BALANCE DUE TELEPHONE/FAX NUMBER CONTACT PERSON

NAME ADDRESS ACCOUNT NUMBER

BALANCE DUE TELEPHONE/FAX NUMBER CONTACT PERSON

BANK: \_\_\_\_\_ BRANCH: \_\_\_\_\_ CHECKING ACCT #: \_\_\_\_\_

CONTACT: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_ LOAN #: \_\_\_\_\_

The information contained in this Application is provided for the purpose of obtaining or maintaining credit with you. The undersigned understands that you are relying on the information provided herein in deciding to grant or continue credit. The undersigned represents and warrants that the information provided is true and complete and that you may consider it as continuing to be true and correct until a written notice of change is given to you by the undersigned. You are authorized to make all inquiries you deem necessary including but not limited to pulling consumer credit reports on any owners or principals of the company in order to verify the accuracy of the statements made herein to determine my creditworthiness. The undersigned hereby agrees that any disputes arising out of this agreement or goods and merchandise ordered or delivered pursuant hereto will be governed and settled under applicable principles of NY law, under jurisdiction of the State of New York Courts and that venue in any such action shall be in the County of Monroe.

NOTE: It is understood by signing this application I am acknowledging and accepting that a service charge will be added to past-due invoices each month in the amount of 1.5% (annual rate 18.0%). Customer agrees to pay all costs of collection, including but not limited to attorney fees. Merchandise may not be returned without prior authorization of ABR Wholesalers, Inc.

The undersigned agrees to provide ABR with written notice, by certified mail return receipt requested, of any change in the legal composition of the application for credit.

By signing this application, I acknowledge that I have read and understand the terms of sale and agree to abide by them.

DATE: \_\_\_\_\_

SIGNED: \_\_\_\_\_  
Full Company Name

BY: \_\_\_\_\_

TITLE: \_\_\_\_\_

**OFFICE USE ONLY:**

DATE RECEIVED: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_

DECLINED BY: \_\_\_\_\_

## Individual Personal Guaranty

Date \_\_\_\_\_, 20\_\_\_\_\_

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

\_\_\_\_\_

for and in consideration of your extending credit at my request to \_\_\_\_\_

(hereinafter referred to as the "Company"), of which I am \_\_\_\_\_

Hereby personally guarantee to you the payment at \_\_\_\_\_ in the State of

\_\_\_\_\_ of any obligation of the Company and I hereby agree to

bind myself to pay you on demand any sum which may become due to you by the Company

whenever the Company shall fail to pay the same. It is understood that this guaranty shall be a

continuing and irrevocable guaranty and indemnity of such indebtedness of the Company. I

hereby waive notice of default, non-payment and notice thereof and consent to any modification

or renewal of the credit agreement hereby guaranteed.

Signature \_\_\_\_\_

Witness: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

## Joint Personal Guaranty

Date \_\_\_\_\_, 20\_\_\_\_\_

We, \_\_\_\_\_ and \_\_\_\_\_, spouse  
residing at \_\_\_\_\_, for and in consideration of your extending  
credit at our request to \_\_\_\_\_ (hereinafter referred to as the  
“Company”), of which \_\_\_\_\_ is \_\_\_\_\_  
hereby personally guarantee to you the payment at \_\_\_\_\_ in the State of  
\_\_\_\_\_ of any obligation of the Company and we hereby agree to  
bind ourselves to pay you on demand any sum which may become due to you by the Company  
whenever the Company shall fail to pay the same. It is understood that this guaranty shall be a  
continuing and irrevocable guaranty and indemnity of such indebtedness of the Company. We do  
hereby waive notice of default, non-payment and notice thereof and consent to any modification  
or renewal of the credit agreement hereby guaranteed.

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Witness: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_