



Max Finkelstein, Inc.  
28-40 31st Street  
Long Island City, NY 11102

Phone: 800-394-4767  
Fax: 718-777-6244

www.maxfinkelstein.com

### Business Account Application - For Credit

#### Complete Business Name:

Bill to: \_\_\_\_\_

DBA: \_\_\_\_\_

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

City: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

email: \_\_\_\_\_

Year Business Established: \_\_\_\_\_

#### Type of Business:

Proprietorship \_ Partnership \_ Corporation \_ LLC \_

Primary Contact: \_\_\_\_\_

email: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

Secondary Contact: \_\_\_\_\_

email: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

#### Shipping Address if different than "Bill-To":

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

City: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

If you have multiple ship-to addresses, please attach a supplemental list and include the information above.

#### Active Trade References:

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Account number: \_\_\_\_\_

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Account number: \_\_\_\_\_

If you have additional trade references, please attach a supplemental list and include the information requested above.

#### Name, Title, & Home Address of Proprietor, Partners or Officers (as applicable):

Name: \_\_\_\_\_

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

City \_\_\_\_\_ ST. \_\_\_\_\_ Zip \_\_\_\_\_

Title: \_\_\_\_\_ Mobile number \_\_\_\_\_

email \_\_\_\_\_

In the case of multiple owners, please attach a supplemental list of any additional owners, partners or officers and include the information requested above.

#### Sales Tax Exempt?

If yes, attach a copy of the exemption certificate.

#### Bank Information:

Name: \_\_\_\_\_

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

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

Account Number: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_



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**Terms and Conditions**

The undersigned Applicant makes the foregoing application for credit in writing, intending that Max Finkelstein, Inc. should rely upon it for the purpose of our company obtaining merchandise from you on account and for ascertaining that our financial condition is satisfactory and we can meet and pay all invoices according to your terms. We also accept and understand Max Finkelstein, Inc. or its subsidiaries right to charge the maximum allowable interest per month on any account not paid within its terms. Waiver of any one or more interest charges shall not be deemed to be a waiver of future interest charges. In the event that Max Finkelstein, Inc. or its subsidiaries commences litigation or employs attorneys in order to secure payment of any sums due to it from Applicant, the Applicant agrees to pay reasonable attorney's fees in addition to all other sums due. Applicant acknowledges and agrees that venue in any litigation shall be in the state and county which Max Finkelstein Inc. chooses and applicant specifically understands that they are waiving their right with regard to the choice of venue. The undersigned represents and warrants that the above agreement has been read carefully and that the Applicant understands and agrees to same.

Applicant certifies that this application is submitted for the purposes of obtaining "business credit" (as that term is defined under Section 202.2(g) of the Equal Credit Opportunity Act).

Applicant certifies that all information contained in the foregoing is true and correct and Applicant authorizes Max Finkelstein, Inc. and its subsidiaries to obtain credit and financial information concerning the Applicant at any time and from any source.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

Approved:

By \_\_\_\_\_ Date \_\_\_\_\_

Credit Limit \_\_\_\_\_

Credit Report \_\_\_\_\_