



Century Distributors, Inc.

15710 Crabbs Branch Way

Rockville, MD 20855-2620

www.centurydist.com

Tel: 301-212-9100 • Fax: 301-212-9681

CREDIT APPLICATION AND PAYMENT AND GUARANTEE AGREEMENT

To induce Century Distributors, Inc. to sell merchandise or extend credit to Purchaser or accept business checks from Purchaser, Purchaser and Guarantor must complete and sign this Application and Agreement. All sales are C.O.D. until Century agrees to extend credit to Purchaser. Only company officers of Century are authorized to negotiate and agree to credit terms. All sales are subject to the terms stated herein.

Purchaser's Legal Name: _____

Purchaser's Trade Name (if different from legal name) _____

Purchaser's Address: _____ City/State _____ Zip _____

Billing Address (if different) _____ City/State _____ Zip _____

Business Tel: _____ Fax: _____ Email Address: _____

Business Type (check one): () Corporation () Individual/Sole Proprietor () Limited Liability Company (LLC)
() Partnership () Non-Profit () Limited Liability Partnership (LLP) () Limited Partnership
() Government Agency () Professional Association (PA) () Professional Corporation (PC)

Cigarette Lic. No. _____ Sales Tax No. _____ Tax Exempt No. _____

Employer Identification No. (FEIN): _____ Certificate of Resale Attached? () Yes () No

Credit Terms Requested: _____ P.O. Required? () Yes () No Date Business Started: _____

PURCHASER'S OFFICERS/OWNERS/GENERAL PARTNERS/MANAGING AGENTS/PRINCIPALS/INDIVIDUALS:

Name _____ Title _____ Home Phone _____

Home Address _____ Birth Date _____ Soc. Sec. # _____

Name _____ Title _____ Home Phone _____

Home Address _____ Birth Date _____ Soc. Sec. # _____

Name _____ Title _____ Home Phone _____

Home Address _____ Birth Date _____ Soc. Sec. # _____

FINANCIAL AND BANKING INFORMATION:

Purchaser's Bank (business checks): _____ Check Acct # _____

Purchaser's Bank (other accts: savings; lottery; payroll, etc.) _____ Acct #'s _____

Guarantor's Personal Bank: Checking Acct. _____ Other Accts _____

Has Purchaser ever filed bankruptcy () Yes () No; Has Guarantor ever filed bankruptcy? () Yes () No. If "yes" to either, provide:

Date Filed: _____ Court Name & Location _____

Case# _____ Reason for Filing: _____

TRADE /CREDIT REFERENCES:

Name: _____ Address: _____ Contact: _____ Tel: _____

Name: _____ Address: _____ Contact: _____ Tel: _____

Name: _____ Address: _____ Contact: _____ Tel: _____

If business is less than one (1) year old, provide the name, address, telephone # and account # for Guarantor's residential landlord or mortgage company: _____

THIS IS A TWO SIDED DOCUMENT

Review the important payment, guaranty and other terms on the reverse side and sign

Please submit copy of Business License

