



**PLUMBERS SUPPLY CO.**  
Everything Under the Sun.

**CONFIDENTIAL CREDIT APPLICATION**

**AND**

**ACCOUNT INFORMATION**

**PLEASE RETURN THIS SIGNED CREDIT APPLICATION**

**CREDIT MANAGER  
PLUMBERS SUPPLY CO.  
P.O. BOX 6149  
LOUISVILLE, KY 40206-0149**

**FAX: 502-581-1255**

**1000 East Main Street, Louisville, Ky. 40206 (502) 582-2261  
1817 West Michigan Street, Evansville, In. 47712 (812) 425-3115  
2321 Russellville Road, Bowling Green, Ky. 42101 (270) 782-8007  
1142 Eastland Drive, Lexington, Ky. 40505 (859) 255-0700  
2320 Fortune Drive, Lexington, Ky. 40509 (859) 899-6000  
3849 E. Raymond Street, Indianapolis, In. 46203 (317) 783-2981  
8761 E. 116th Street, Fishers, In. 46038 (317) 842-8787  
2785 North Morton Street, Franklin, In. 46131 (317) 738-2777  
2102 Production Drive, Louisville, Ky. 40299 (502) 491-6850  
2259 Koetter Drive, Clarksville, In. 47129 (812) 206-7600  
308 Peterson Drive, Elizabethtown, Ky. 42701 (270) 737-7473**

**CREDIT APPLICATION AND ACCOUNT INFORMATION**

**CREDIT LIMIT DESIRED \$** \_\_\_\_\_

Company Name \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_

County \_\_\_\_\_ Zip \_\_\_\_\_

Physical Address (Shipping) \*please write same if address is not different

Address \_\_\_\_\_

City State \_\_\_\_\_

Zip \_\_\_\_\_

Telephone: Office ( ) \_\_\_\_\_ Home ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Type of Business \_\_\_\_\_

State Incorporated \_\_\_\_\_ Date Started \_\_\_\_\_ Federal ID# \_\_\_\_\_

Ownership: Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Individual \_\_\_\_\_ LLC \_\_\_\_\_ Other \_\_\_\_\_

Accounts Payable Contact Name \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_ Fax Number( ) \_\_\_\_\_

Email \_\_\_\_\_

Option for invoicing: Fax \_\_\_\_\_ Email \_\_\_\_\_ US Mail \_\_\_\_\_ *\*please check only one*

Option for statement: Fax \_\_\_\_\_ Email \_\_\_\_\_ US Mail \_\_\_\_\_ *\*please check only one*

The current owners and/or officers or partners are:

Name	Title	Address	Social Security No.
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Tax exempt: Yes \_\_\_\_\_ No \_\_\_\_\_ (Sales tax exemption certificate must be attached)

Were any owners in business before: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give the name, date, details of former business and reason for discontinuing: \_\_\_\_\_

\_\_\_\_\_

Has the company, or any of its owners/officers or partners ever filed personal bankruptcy, or has the owner of the company been a shareholder of a company that has filed bankruptcy? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please give dates and details: \_\_\_\_\_  
\_\_\_\_\_

Order Acknowledgement Required Yes \_\_\_\_\_ No \_\_\_\_\_

Show Price on Packaging Slip Yes \_\_\_\_\_ No \_\_\_\_\_

Accept Backorders Yes \_\_\_\_\_ No \_\_\_\_\_ \*not every time check no

Purchase Order Required Yes \_\_\_\_\_ No \_\_\_\_\_

### TRADE REFERENCES

Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City, St, Zip \_\_\_\_\_ City, St, Zip \_\_\_\_\_

Approx. Annual Volume \$ \_\_\_\_\_ Approx. Annual Volume \$ \_\_\_\_\_

Telephone No, ( ) \_\_\_\_\_ Telephone No, ( ) \_\_\_\_\_

Fax No. ( ) \_\_\_\_\_ Fax No. ( ) \_\_\_\_\_

Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City, St, Zip \_\_\_\_\_ City, St, Zip \_\_\_\_\_

Approx. Annual Volume \$ \_\_\_\_\_ Approx. Annual Volume \$ \_\_\_\_\_

Telephone No, ( ) \_\_\_\_\_ Telephone No, ( ) \_\_\_\_\_

Fax No. ( ) \_\_\_\_\_ Fax No. ( ) \_\_\_\_\_

### BANK REFERENCES

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State, Zip \_\_\_\_\_ Contact \_\_\_\_\_

Telephone No, ( ) \_\_\_\_\_ Account No. \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

**TERMS AND CONDITIONS OF SALE**

1. Terms of Payment. It is agreed all charges will be paid within twenty-five (25) days of the date of the billing statement and any charges not paid within said time period shall be considered past due and shall be charged 1 1/2% interest per month on the unpaid balance. Applicant agrees to provide any sales tax exemption certificates, and agrees notwithstanding, to pay any tax otherwise due should the exemption certificate for any reason not be acceptable to Plumbers Supply Company or the appropriate taxing authority. In the event of any default in payment, Purchaser shall pay all attorney fees and/or other collection costs as part of the contract between the parties, equal to 25% of the balance, which the parties agree are reasonable, whether or not litigation is initiated.

2. Jurisdiction and Venue. In the event of litigation, the parties agree that jurisdiction and venue shall be either in the Jefferson Circuit Court of the Commonwealth of Kentucky, or in the Marion County Indiana at the election of Plumbers Supply Company.

**I CERTIFY THAT I AM AUTHORIZED, IN MY CAPACITY, TO BIND MY COMPANY TO THE TERMS AND CONDITIONS STATED ABOVE. FURTHERMORE, APPLICANT WARRANTS THAT THIS APPLICATION AND THE INFORMATION PROVIDED HEREIN IS PRESENTED SOLELY FOR BUSINESS CREDIT PURPOSES. I HEREBY AUTHORIZE THE BANKS, SECURED PARTIES, TRADE REFERENCES, AND OTHERS LISTED ABOVE TO RELEASE INFORMATION REGARDING THE ACCOUNTS OF MY COMPANY OR FIRM.**

**SECURITY AGREEMENT**

In consideration of Plumbers Supply Company extending credit, it is agreed that Plumbers Supply Company shall have a purchase money security interest in all of the goods, inventory, and/or equipment heretofore and hereafter purchased from Plumbers Supply Company, to secure any debt now due or hereafter due.

**BY MY SIGNATURE BELOW, I CERTIFY THAT I HAVE READ THE ABOVE SECURITY AGREEMENT AND HEREBY AGREE TO ITS TERMS. IN ADDITION, I CERTIFY THAT I AM AUTHORIZED, IN MY CAPACITY, TO BIND MY COMPANY OR FIRM TO THE SECURITY AGREEMENT.**

COMPANY OR FIRM \_\_\_\_\_

SIGNED BY \_\_\_\_\_

TITLE OR POSITION \_\_\_\_\_

DATE \_\_\_\_\_

**INDIVIDUAL GUARANTY**

The undersigned Guarantor(s) (whether one or more, hereafter called the Guarantor) requests Plumbers Supply Company to extend credit to the above referenced entity identified in the Terms and Conditions of Sale section. In consideration for such credit the undersigned agree as follows:

A. The term Obligations includes all obligations of Debtor to Plumbers Supply Company when incurred, whether existing on the date of this Guaranty or arising hereafter.

B. Guarantor hereby unconditionally and irrevocably guarantees payment of all Obligations of Debtor to Plumbers Supply Company, plus all interest, costs, attorney's fees, and other expenses in the collection of any Obligations guaranteed hereby or in the enforcement of this Guaranty, except that the maximum aggregate liability of the Guarantor under this Guaranty shall be limited to \$500,000.00, exclusive of interest, costs, attorney's fees, and other expenses incurred in the collection or enforcement of this Guaranty. This Guaranty shall terminate 12/31/2035. IN TESTIMONY WHEREOF, witness the signature(s) of the Guarantor(s), this \_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
GUARANTOR (Signature)

\_\_\_\_\_  
GUARANTOR (Signature)

\_\_\_\_\_  
Name (printed)

\_\_\_\_\_  
Name (printed)

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

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

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
Home Telephone ( )

\_\_\_\_\_  
Home Telephone ( )