

**CONCERTEX, LLC**  
108 FAIRWAY COURT  
NORTHVALE, NJ  
TEL: 201-654-6160, FAX: 201-750-3460  
E: info@concertex.com

**CREDIT APPLICATION**

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Trade or Corporate Name: \_\_\_\_\_

Business Established Date: \_\_\_\_\_

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

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

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

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

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_

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

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

E-mail \_\_\_\_\_

E-mail \_\_\_\_\_

Type of Business:    \_\_\_\_\_ Distributor    \_\_\_\_\_ Manufacturer    \_\_\_\_\_ A&D Firm    \_\_\_\_\_ Retailer  
                                 \_\_\_\_\_ Other (please specify \_\_\_\_\_)

Subsidiary of Another Company:    \_\_\_\_\_ Yes    \_\_\_\_\_ No

Name of Parent Company: \_\_\_\_\_

Have you ever filed Personal or Corporate Bankruptcy?    \_\_\_\_\_ Yes    \_\_\_\_\_ No

If YES, When? \_\_\_\_\_

**TRADE REFERENCES:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Fax: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Fax: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Fax: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Fax: \_\_\_\_\_

**BANK REFERENCE:**

Bank Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

Account Number: \_\_\_\_\_  
Account Officer: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Fax: \_\_\_\_\_

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1) **Authorization For Credit Review:**

Applicant hereby authorizes Concertex, LLC (“Creditor”) to obtain any and all information it deems necessary from any and all sources. Applicant further authorizes each source to supply creditor such information, as Creditor deems necessary to assist it in its consideration of this Credit Application. All decisions with respect to the extension or continuation of credit shall be in the sole discretion of Creditor. Creditor may terminate any credit availability within its sole discretion.

2) **Payment Terms:**

If the total invoice price is not paid in full on or before the due date, the Applicant agrees to pay a late charge on the delinquent balance, calculated at the lesser of one and one-half percent (1 ½%) per month or the maximum amount allowed by law. If the applicant does not promptly pay all invoices according to terms, or if Creditor in good faith deems itself insecure because the prospect of payment is impaired, then Creditor, at its option and without notice may declare the entire unpaid balance owed by applicant under this Agreement to be immediately due and payable.

3) **Fees:**

Applicant agrees to pay in full all costs and expenses incurred by Creditor in collecting the amounts owed by Applicant under this Agreement, including any and all court cost and attorney fees.

4) **Change Of Ownership:**

Applicant must promptly notify Creditor of any change in ownership that would change the party obligated by this debt. Applicant shall be responsible for all charges made to this account until such notice is received by Creditor.

This Agreement represents the entire Agreement between Applicant and Creditor. A telecopied copy of this Agreement is just as binding as the original thereof.

Applicant has read and hereby agrees to the Terms and Conditions listed above.

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

\_\_\_\_\_  
By (please type or print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date