

CREDIT APPLICATION

(For Commercial Credit Use)

Monarch Paint Stores of DC, LLC

d/b/a Monarch Paint & Design Centers

d/b/a Potomac Paint & Design Centers

2238-B Bay Ridge Ave., Annapolis, MD 21403

Phone: 301-210-8277 • Fax: 301-210-5228

Monarch Paint & Design Centers



A Division of Monarch Paint Stores of DC

Paint • Window Treatments • Wallcovering • In-Home Decorating

PLEASE RETURN THIS ORIGINAL APPLICATION TO THE ADDRESS ABOVE. CHARGES CANNOT BE MADE TO THE ACCOUNT UNTIL THE ORIGINAL APPLICATION IS RECEIVED BY THE HOME OFFICE LOCATED AT THE ABOVE ADDRESS.

TO OUR APPLICANT: It is our goal to provide you with the best and most efficient service available. In order for us to expedite the processing of this credit application, **we request that you complete the application fully, sign in the proper place.** You may fax the application to us, **but it is very important that you return the original form to us.** Should we require additional information in order to make a fair evaluation; the credit department will notify you. Thank you.

APPLICANT INFORMATION

(PLEASE PRINT IN BLACK INK)

Business Name: _____

Physical Street Address: _____

PO Box #: _____ City: _____ State: _____ Zip: _____

Business Phone: _____ Cell: _____

Business Fax: _____ Email: _____

Federal Tax I.D. No.: _____

Person Responsible for Payment: _____ Title: _____

Phone Number: _____

Type of Business: Corporation Partnership Proprietorship LLC Limited Partnership

Business Category: (Example: Painter, Builder, Cabinet Shop, etc.) _____

Estimated Monthly Purchases: _____ # of Employees: _____

Does applicant pay Sales Tax?: Yes No (If no, copy of tax exemption certificate must be attached)

Year Established: _____ If incorporated, in what State: _____

Place of Business (Please Check): Do you Lease Rent Own Do you work from Shop Home

Require any of the following (Please Check): Purchase Order # on Invoice Job Site / Address Weekly Invoices Sent

Priceless Receipts for Employees Authorized Purchasers (Please provide list) Invoices sent with statement

APPLICANT TRADE REFERENCES

(MUST PROVIDE 3)

Company	Account Number	Phone Number	Fax Number

PRINCIPAL OWNER OR ALL PARTNERS

Name: _____ Social Security Number: _____

Title: _____

Cell Phone #: _____ E-Mail: _____

Street Address: _____ Phone Number: _____

City: _____ State: _____ Zip: _____

Name: _____ Social Security Number: _____

Title: _____

Cell Phone #: _____ E-Mail: _____

Street Address: _____ Phone Number: _____

City: _____ State: _____ Zip: _____

CREDIT TERMS

The information as set forth above is furnished for the purpose of requesting Monarch Paint Stores of DC, LLC d/b/a Monarch Paint & Design Centers and d/b/a Potomac Paint & Design Centers (hereinafter called the Company) to grant and extend me/us credit for the purchase of merchandise on your open account terms. The undersigned acknowledge that this account is for commercial purposes and not for personal, household, or family purposes. The undersigned agree, jointly and severally, to pay any and all sums that may become payable under this account for merchandise sold to the applicant or to any person with apparent authority to utilize this account, unless notified to the contrary in writing by the applicant according to the credit terms of this Company. **Payment terms are net end of following month from date of purchase.** All past due balances are subject to interest of 1½% per month (18% annual percentage rate).

The undersigned agrees, to pay collection fees and/or reasonable attorney's fees of 33⅓% of the outstanding balance of this account, plus all costs of collection, to include court cost and all expenses (except where prohibited by law) in the event collection becomes necessary. The undersigned further agree that any controversy or claim arising out of or relating to these credit terms or breach thereof shall be brought in the appropriate Court.

The applicant, guarantors and others from time to time obligated under this account hereby jointly and severally waive and renounce the benefit of homestead and all other exemptions rights as against this indebtedness or any renewal or extension hereof; and further waive demand, protest, notice of protest, presentment for payment, notice of dishonor and all defenses on the ground of extension of time for payment hereof (except where prohibited by law).

This credit application shall remain in full force and effect until the Company shall have received written notice of: instructions to create no further transactions under the terms and conditions of this application, a change in business ownership, or changes of any type. A certified mail receipt for such notification shall be conclusive evidence of the said receipt of such notice. Facsimile, or electronic copy, of this credit application will have the same force of full effect of the original document.

Note – The undersigned individual(s) who is either a principal or a partner of the credit applicant(s), a sole proprietor of the credit applicant, is the sole member of a limited liability company who is the credit applicant, or is an officer or director of the credit applicant(s), recognizes that his or her individual credit history may be a factor in the evaluation of the application for credit by the credit applicant for credit with the Company and hereby consents to and authorizes the Company or its representative, obtaining and using a Consumer Credit Report on the undersigned from time-to-time as may be needed in the credit evaluation process.

By: _____ By: _____

Name Printed: _____ Name Printed: _____

Title or Capacity: _____ Title or Capacity: _____

Date: _____ Date: _____

PERSONAL GUARANTEE

In consideration of the Company extending a line of credit to the Applicant, I/we agree jointly and severally, to **personally guarantee** prompt payment, upon demand by the Company, of any and all debts owed to the Company by the Applicant named in this credit application. I/we fully understand and agree to be legally bound by all Credit Terms shown above in this credit application.

Print Name: _____ Print Name: _____

Signature: _____ Signature: _____

Social Security No.: _____ Social Security No.: _____

Date: _____ Date: _____

MONARCH PAINT STORES OF DC, LLC – USE ONLY

Account Number: _____

Assigned Salesperson: _____

Price Level: _____

Approved By: _____

Credit Limit: _____

Payment Terms: _____

Date: _____