



**Harry Brainum Jr. Inc.**

HOT ROLLED – COLD ROLLED – GALVANIZED – SHEET STEEL – COILS

**360 McGUINNESS BLVD, BROOKLYN NY 11222**  
**PHONE: (718) 389-4080 FAX: (718) 383-1646**

New Order Attached	_____
Assigned Credit Line	_____
Customer Code	_____
Date Assigned	_____

**APPLICATION FOR COMMERCIAL CREDIT**

Date \_\_\_\_\_

Salesperson \_\_\_\_\_

COMPLETE BUSINESS NAME		FEDERAL ID #
STREET ADDRESS	PHONE	FAX
CITY	STATE	ZIP
FULL NAME OF PRINCIPALS	FULL NAME OF PRINCIPALS	
HOME ADDRESS & ZIP CODE	HOME ADDRESS & ZIP CODE	
CHECK ONE: <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> LLC	TAX RESALE CERT. NO.	TAX EXEMPT? IF YES, ATTACH CERTIFICATE
TYPE OF BUSINESS	DATE STARTED	

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NAME	ADDRESS	PHONE # / FAX #
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

NAME OF BANK	ACCOUNT #	PHONE #
STREET ADDRESS	CITY & STATE	ZIP

**I (WE) HEREBY INDIVIDUALLY AND JOINTLY GUARANTEE PAYMENT OF THIS ACCOUNT. THIS GUARANTEE CANNOT BE CANCELLED ORALLY. WE AGREE THAT IN THE EVENT OF NON-PAYMENT OF THIS ACCOUNT, WE WILL BE HELD LIABLE FOR A 25% FEE FOR COLLECTION OR LITIGATION TOGETHER WITH 1 1/2 % INTEREST PER MONTH, OR THE HIGHEST RATE ALLOWED BY LAW. TERMS OF SALE: 1/2 % 10-NET 30. ALL RETURNED CHECKS SUBJECT TO RETURN CHECK FEE. APPLICANT HEREBY CONSENTS THAT ANY DISPUTE RELATED TO THIS APPLICATION OR THE BUSINESS RELATIONSHIP BASED HEREON SHALL BE GOVERNED BY THE LAWS OF, AND SUBJECT TO THE JURISDICTION OF THE COURTS OF THE STATE OF NEW YORK.**

The above information is for the purpose of obtaining commercial credit and warranted to be true. I/We hereby authorize HB to investigate the references listed pertaining to my/our credit and financial responsibility.

SIGNATURE OF GUARRANTOR \_\_\_\_\_ TITLE \_\_\_\_\_  
 PRINT NAME \_\_\_\_\_  
 S.S. # \_\_\_\_\_

In making our commercial credit determination it may be necessary to obtain information concerning the personal credit of the undersigned. By completing and signing the application the undersigned give their consent to HB obtaining such information.

SIGNATURE OF GUARRANTOR \_\_\_\_\_ TITLE \_\_\_\_\_  
 PRINT NAME \_\_\_\_\_  
 S.S. # \_\_\_\_\_