K. Rosengart
**1 Chatsworth Ave, Unit 59**
**Larchmont, NY 10538**
**PH (212) 355-5025**
**info@krosengart.com**

# APPLICATION FOR CREDIT

FOR THE PURPOSE OF OBTAINING MERCHANDISE FROM YOU ON CREDIT, WE SUBMIT THE FOLLOWING INFORMATION AND AUTHORIZE YOU TO CONTACT THE REFERENCES GIVEN.

FIRM NAME: _____
ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____ FAX: _____

PROPRIETORSHIP _____ PARTNERSHIP _____ CORPORATION _____ OTHER _____

YEARS ESTABLISHED _____ AT PRESENT LOCATION SINCE (date)_____

BANK NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

BANK OFFICER: _____ ACCOUNT #: _____

IT IS UNDERSTOOD AND AGREED THAT PAYMENTS RECEIVED BEYOND TERMS STATED ON OUR INVOICES WILL BE SUBJECT TO LATE CHARGES. AS A FURTHER INDUCEMENT TO EXTEND CREDIT, I/WE AGREE THAT IN THE EVENT SUIT IS BROUGHT ON ANY OBLIGATION HEREAFTER OWED BY ME/US TO YOU THAT I/WE WILL PAY (1) REASONABLE ATTORNEY FEES AND NECESSARY COLLECTION COSTS INCURRED BY YOU IN COLLECTING THE SAID OBLIGATION (2) COLLECTION AGENCY COSTS OR COLLECTION COSTS EVEN IF SUIT IS NOT INSTITUTED.

AUTHORIZED BY: _____ SIGNED: _____ X

Please Print Authorized Signature

RESALE CERTIFICATE #: _____ TITLE: _____

Owner or Officer Only

*I hereby personally guarantee the obligation of the above applicant. This guaranty is a guaranty of payment (and not merely collection) and is an absolute, present, primary, continuing and unconditional guaranty of the primary obligor's obligation and, without limitation, is in no way conditioned or contingent upon any effort or attempt to seek payment from the primary obligor or upon any other condition or contingency, if the primary obligor at any time fails to pay any amount arising under or in connection with the agreement or otherwise fails to perform its payment obligations thereunder, the guarantor shall be substituted for the primary obligor with respect to, and shall be primarily and directly liable to K. Rosengart for complete payment of such amount or performance of such payment obligations. K. Rosengart is not and shall not be required to first pursue any right or remedy against or seek any redress from primary obligor or any other person, firm or corporation or to first take any action whatsoever with respect to the obligation. This agreement is subject to the laws of the State of New York and the United States. The parties agree that the New York State Courts, County of New York will have both personal and subject matter jurisdiction over any dispute arising from this agreement.*

_____ X _____ X

Signature of Owner or Officer Only Date

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# CREDIT REFERENCES:

NAME: _____

TELEPHONE: _____ FAX: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

NAME: _____

TELEPHONE: _____ FAX: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

NAME: _____

TELEPHONE: _____ FAX: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

NAME: _____

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# COMPANY CREDIT CARD PAYMENT AGREEMENT

VISA ☐ MASTERCARD ☐ AMEX ☐

CREDIT CARD # : | | | | | | | | | | | | | | | |

CCID #: | | | |

(LAST 3 DIGITS ON BACK OF CARD / AMEX IS 4 DIGITS ON FRONT OF CARD)

EXPIRATION DATE: _____

NAME AS IT APPEARS ON CARD: _____

CREDIT CARD ADDRESS: _____

_____

Phone: _____

Email: _____

Customer Account #: _____

Company Name: _____

Address: _____

_____

I, _____ , the cardholder, confirm that I am purchasing merchandise from K. Rosengart and give them the authority to charge this credit card for all future purchases. I understand that claims for defective merchandize must be made within ten (10) business days of receipt of order. All returns must be received before a credit on this card will be processed

Authorized Signature: _____ Date: _____

*** FAX OR EMAIL A COPY OF THE FRONT AND BACK OF THE CREDIT CARD WITH THIS SIGNED FORM. ***