



98 Niver Street, Box 1, Cohoes, New York 12047

Phone (518) 271-6100 Fax (518) 271-7505

CONFIDENTIAL CREDIT APPLICATION

LEGAL CORPORATION NAME:			
ADDRESS:			
CITY/STATE/ZIP			
BUS PHONE ()		FAX ()	
CHECK ONE: <input type="radio"/> PROPRIETOR <input type="radio"/> PARTNERSHIP <input type="radio"/> CORPORATION <input type="radio"/> OTHER			
LIST PRINCIPAL OWNER & TITLES			
FULL NAME	TITLE	RESIDENCE	SOC SEC PHONE
TRADE REFERENCES (GIVE NAME & COMPLETE ADDRESS OF MAJOR SUPPLIER)			
NAME		PHONE	
ADDRESS		FAX	
CITY/STATE		ZIP CODE	
NAME		PHONE	
ADDRESS		FAX	
CITY/STATE		ZIP CODE	
NAME		PHONE	
ADDRESS		FAX	
CITY/STATE		ZIP CODE	
BANK REFERENCE			
NAME		ACCT #	
ADDRESS		PHONE	
CITY	STATE	ZIP CODE	CONTACT
We hereby apply for credit to SM Gallivan, LLC. We understand that the terms of sale require payment within 30 days and agree that if our account is not paid within 30 days, SM Gallivan, LLC will add service charge of 2% per month on that portion of the account over 30 days. If accounts becomes delinquent and placed for collection, collection/attorney fees of 33.3 % will be added			
PERSONAL GUARANTEE SIGNATURE _____			
In case of default, we/I jointly and severally personal guarantee the account of _____ and will pay besides the principle a sum equal to 33.3% thereof, plus disbursements and court costs if the account is placed for collection or suit with a collection agency or an attorney			
SIGNATURE		TITLE	DATE

APPLICATION FOR CREDIT CONSIDERATION

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PERSONAL GUARANTEE

I, _____, residing

At _____

For and in consideration of your extending credit at my request

To _____

_____, (herein after referred to as the "Company") of which I am

Hereby personally guarantee to you the payment at SM GALLIVAN, LLC, 98 Niver Street, Box 1, Cohoes, NY 12047 of any obligation of which may become due to you by the Company whenever the Company shall fail to pay the same. It is such indebtedness of the Company. I do hereby waive notice of default, non-payment and notice thereof and consent to any modification of renewal of the credit agreement hereby guaranteed.

I agree to pay any collection costs incurred by SM GALLIVAN, LLC on my account and an attorney's fee of 33-1/3% of the unpaid balance.

CREDIT LINE DESIRED _____

DATED: _____ SIGNATURE _____

WITNESS: _____ ADDRESS: _____