



Pro-Stat Inc.

MEDICAL • DENTAL • FOOD SERVICE • INDUSTRIAL • SAFETY SUPPLIES

285 Pierce Street
Somerset, NJ 08873

www.emeraldppp.com

Office: (732) 805-9400
Fax: (732) 805-9401

Credit Application

Company Information

Salesman #: _____

Business Name:		Email:	
Trade Name:		Federal ID#:	
Address:			
City:	State:	Zip Code:	
Phone:	Fax:	Toll Free:	

Type of Business:
(Please Check All That Apply)

Corporation
 Partnership
 Sole Proprietorship
 Wholesale
 Retail
 Manufacturing
 Other - _____

Owner Information

Owners Name:		Social Security # : _ _ - _ - _ _ _	
Street Address:			
City:	State:	Zip Code:	
Phone:			

Number of Years Under Current Ownership: _____

Tax Exempt Number: _____ **State:** _____ **Zip Code:** _____

Line of Credit Requested: _____ **Total Volume Requested:** _____

Bank Information

Bank Name:		Account Number:	
Street Address:			
City:	State:	Zip Code:	

Applicant Signature: _____ **Title:** _____

Print Name: _____ **Date:** _____

Please List Three (3) Trade References on Attached Form

Credit Application
Please List Three (3) Trade References

Company Name:		
Address:		
City:	State:	Zip Code:
Phone:	Fax:	Toll Free:
Contact:	Position:	

Company Name:		
Address:		
City:	State:	Zip Code:
Phone:	Fax:	Toll Free:
Contact:	Position:	

Company Name:		
Address:		
City:	State:	Zip Code:
Phone:	Fax:	Toll Free:
Contact:	Position:	

In order to induce you to sell merchandise & extend credit to the above applicant corporation, the undersigned jointly & severally guarantee the prompt payment of any indebtedness. Which may at any time or from time to time be incurred by said corporation to you, and in the event of any default at any time by said corporation. You shall be entitled to look to the undersigned for such payment without prior demands or notice, without your first proceeding against the corporation and we waive any extension of time or other indulgence to the corporation. We understand that a finance charge of 1.5% per month will be added to the past due invoice. In the event that you find it necessary to take legal action to collect any indebtedness incurred by said corporation, we agree that the provisions contained herein shall be governed by the laws of the State of New Jersey & specifically agree that all parties to this agreement hereby submit to the jurisdiction of the courts of the State of New Jersey and waive any claim whatsoever, including but not limited to lack of jurisdiction as a result of any of the parties their principal place of business outside of the State of New Jersey.

Applicant Signature:	Date:
Print Name:	Social Security #: _____ - _____ - _____