



MEDICAL	DENTAL	FOOD SERVICE	INDUSTRIAL	SAFETY SUPPLIES
Office: (732) 805-9400		285 Pierce St. Somerset, NJ 08873		Fax: (732) 805-9401

NEW ACCOUNT APPLICATION

Corporate Name:		Email Address:	
Trade Name:		Federal ID#:	
Bill to Name:			
Address:			
City:	State:	Zip Code:	
Phone:	Fax:	Toll Free:	
Ship to Name:			
Address:			
City:	State:	Zip Code:	
Phone:	Fax:	Toll Free:	

TYPE OF BUSINESS (Please check one)

Corporation Partnership Sole Proprietorship

BUSINESS CLASSIFICATION (Please circle the most appropriate classification)

Automotive Dealer	Food Service Distributor	Dental Distributor	Retail Store
Janitorial/Sanitation Dealer	Restaurant Equip. Supply	Beauty Distributor	Industrial/Safety
Distributor	Medical Distributor	Municipal	Paper Distributor

PLEASE COMPLETE THE FOLLOWING INFORMATION:

HOURS OF OPERATION: _____ TO _____ RECEIVING HOURS _____ TO _____
 APPOINTMENT REQUIRED: YES _____ NO _____
 CONTACT NAME: _____ PHONE: _____ CELL: _____
 EMAIL: _____

FACILITY DETAILS (check all that apply) **REQUIRED**

Forklift _____ Dock _____ Liftgate _____ Residential _____

OWNERS INFORMATION

Owner 1:		Social Security #:	
Street Address:			
City:	State:	Zip Code:	
Phone:			
Owner 2:		Social Security #:	
Street Address:			
City:	State:	Zip Code:	
Phone:			

Length of Time in this Business:		
Previous employment if less than 2 years:		
Is property owned or leased?		
Name & Address of mortgage holder/Lessor		
Name other businesses owned:		
Have you purchased from Emerald/Pro-Stat previously? Y N		
If yes, under what name?		
Sales Tax Exempt #:	State:	Zip Code:
Line of Credit Requested:	Terms:	
Anticipated monthly purchases:		

BANK REFERENCE

Bank Name:		Account Number:	
Street Address:			
City:		State:	Zip Code:
Bank Officer:			
Phone:		Type of Account:	

GENERAL

Parent Company/National Acct Affiliation:			
Corporate Owned:		Franchise:	
Central Payment Office:			
Address:			
City:		State:	Zip Code:
Phone:	Fax:		Toll Free:

SALES TAX: Please attach your Sales Tax Exemption Certification to assure proper sales tax charges.

We hereby make application for credit to PRO-STAT/EMERALD. If credit is granted, we agree to pay all bills within the stated terms of sale. Normal invoice terms shall be NET 30 DAYS but may be modified on an individual basis at the sole discretion of PRO-STAT/EMERALD. We agree to pay a service charge of \$30.00 for any checks returned from our bank unpaid for any reason. Additionally, we understand that a service charge may be assessed on any unpaid balance in an amount of 1.5% per month or the maximum rate allowed by law. Should legal action be taken to secure payment for merchandise received, we will be liable for all expenses, including attorney's fees of 25% of any claim. We agree not to transfer or assign this agreement without the prior written consent of PRO-STAT/EMERALD. We agree to give written notice to PROSTAT/EMERALD. prior to the sale or transfer of all or substantially all stocks or assets of our business. If we fail to do so, then we shall remain fully liable for any unpaid merchandise received by the buyer or transferee of the business. We understand that PRO-STAT/EMERALD. reserves the right to revoke credit extended at any time and for any reason it deems valid. The business relationship between PRO-STAT and the customer shall be governed by the State of New Jersey. All disputes between PRO+STAT and the customer shall be decided by the local, State or Federal courts of competent jurisdiction in the State of New Jersey. By signing this application, the customer agrees to all terms above.

This information is given in confidence for the sole purpose of establishing credit with PRO-STAT/EMERALD. Authorization is hereby given to make inquiry of all trade and financial sources which are deemed to be necessary by PRO-STAT/EMERALD. to rigorously evaluate this application.

CORPORATE OFFICER/PARTNER/OWNER

SIGNATURE

NOTARY

DATE

PERSONAL GUARANTY

For valuable consideration, the undersigned hereby personally guarantees, absolutely, unconditionally and irrevocably, the payment upon demand of all liabilities, indebtedness and obligations, whether now existing or hereafter arising, of _____ (the "Debtor"), its successors and assigns, to PROSTAT/EMERALD., its subsidiaries, and their respective successors and assigns (the "indebtedness").

This Guaranty shall be enforceable by PRO-STAT/EMERALD. without prior resort to any demands, possessory remedies or proceedings for collection of any nature against the debtor or any other person or entity, or any property of the debtor or any other person or entity. The liability of the undersigned shall not be affected by any extension, compromise, modification, release or discharge of any of the indebtedness, whether by operation of law or otherwise, or by any change in the form of the indebtedness, or by any modification of the terms of sale made by the parties thereto, or by the release, substitution or addition of any other guarantor of the indebtedness. Notice of the acceptance of this Guaranty, and the indebtedness outstanding at any time are expressly waived. Nothing in this Guaranty shall in any way diminish or alter the indebtedness or affect the rights of PRO-STAT/EMERALD. against debtor.

The undersigned also agrees that if any case is filed under the bankruptcy code by or against debtor, the undersigned waives any claim he/she may have against debtor as a result of any claim against the undersigned by PRO-STAT/EMERALD. under this Guaranty.

PRO-STAT/EMERALD. shall be entitled to recover from the undersigned all costs incurred in connection with the enforcement of this Guaranty, including but not limited to attorney's fees of 25% of the outstanding claim.

Wherever possible, each provision of the Guaranty shall be interpreted in such a manner as to be effective and valid under applicable law. If any provision hereof shall be prohibited by or be invalid under such law, such provision shall be ineffective to the extent of such prohibition of invalidity, without invalidating the remainder of such provision or the remaining provisions hereof.

In the event this Guaranty is signed by more than one person or entity, each of the undersigned shall be jointly and severally liable under this Guaranty.

Dated this _____ day of _____, 20 ____

Signature of Guarantor(s): _____

(Please do not reference corporate or some other title)

Notary: _____

Signature of Co-Guarantor, where applicable*: _____

Notary: _____

*Co-Guarantor is the primary co-owner of Guarantor's personal assets, if any.

Please List Three (3) Trade References

1. Company Name:		
Address:		
City:	State:	Zip Code:
Phone:	Fax:	Email:
Contact:		Terms of Sale:
2. Company Name:		
Address:		
City:	State:	Zip Code:
Phone:	Fax:	Email:
Contact:		Terms of Sale:
3. Company Name:		
Address:		
City:	State:	Zip Code:
Phone:	Fax:	Email:
Contact:		Terms of Sale: