



P.O. Box 6689  
Richmond, VA 23230  
(804) 353-8965  
(800) 446-2791  
FAX (804) 353-8762

## CREDIT APPLICATION

Date: \_\_\_\_\_ Credit Amount Requested: \$ \_\_\_\_\_

Legal Name of Applicant: \_\_\_\_\_

Trading as: \_\_\_\_\_

Street Address: \_\_\_\_\_ P. O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Delivery Days: \_\_\_\_\_ Delivery Hours: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Contact: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Are you a corporation or a limited liability corporation? If "yes", fill in the blanks below:**

State of Incorporation: \_\_\_\_\_

Name of Registered Agent: \_\_\_\_\_

Address of Registered Agent: \_\_\_\_\_

Officer #1: \_\_\_\_\_

Name	Title	Social Security #
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Officer #2: \_\_\_\_\_

Name	Title	Social Security #
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Officer #3: \_\_\_\_\_

Name	Title	Social Security #
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*see guarantee on page 2*

**Are you a Partnership? If "yes", fill in the blanks below:**

Partner #1: \_\_\_\_\_

Name	Address	Social Security #
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Partner #2: \_\_\_\_\_

Name	Address	Social Security #
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**Bank Reference:** \_\_\_\_\_ **Branch:** \_\_\_\_\_

Contact Person

Phone # ( ) \_\_\_\_\_

**Trade References :**

Business Name: \_\_\_\_\_ Contact: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Business Name: \_\_\_\_\_ Contact: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Business Name: \_\_\_\_\_ Contact: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

I represent that the above information is true and is given to induce Eastern Sleep Products, Symbol Mattress and other related subsidiaries (ESP) to extend credit to the applicant. My company and I authorize ESP to make such credit investigation as ESP sees fit, including contacting the above trade references and banks and obtaining credit reports. My company and I authorize all trade references, banks, and credit reporting agencies to disclose to ESP any and all information concerning the financial and credit history of my company.

Unless otherwise stated on an invoice, **all invoices are payable in full on or before the 31st day after the invoice date.** Applicant may take a 3% discount if paying COD, and a 2% discount if paying within 30 days of the invoice date. Invoices paid after 31 days will be considered past due and subject to interest at the lessor of:

- A) 1 1/2% per month (except for Virginia applicants who are not corporations or partnerships or not corporations or partnerships or limited liability companies, the rate is 1% per month), or
- B) the maximum rate permitted under applicable law.

Should it become necessary to institute collection efforts, applicant agrees, to the extent permitted by law, to pay all costs of collection.

**Applicant represents, warrants and agrees that all its credit purchases will be solely for applicant's business and commercial purposes**

Authorized Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Corporate Guarantee**

In order to induce ESP to extend credit to the applicant, I/we personally guarantee payment when due for all items purchased on credit by the applicant corporation.

Authorized Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Social Sec #: \_\_\_\_\_  
Address: \_\_\_\_\_ Date: \_\_\_\_\_  
  
Authorized Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Social Sec #: \_\_\_\_\_  
Address: \_\_\_\_\_ Date: \_\_\_\_\_