



LINEN & UNIFORM
SINCE 1915

CREDIT APPLICATION

Account #: _____
Service Center: _____

Company Name: _____

Contact: _____

Contact Title: _____

If not the owner, list owner name(s): _____

Billing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Shipping Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Do you own or rent at this location? Own / Rent

Phone: _____ **Fax:** _____

E-mail: _____

Type of Business: _____ **In Business Since:** _____

Form of Business: [] Corporation [] LLC [] Partnership [] Sole Proprietor

Is your business seasonal? Yes / No

If seasonal, list seasonality dates: _____

Is a Purchase Order required? Yes / No

If it is to be a blanket PO, please list the number and expiration date.

Number _____ **Expiration Date** _____

Name of individual with authorization: _____

To whose attention should invoices be sent? _____

Bank References (please list name and address of local banks):

Trade References (Please list name, address, phone number, and account number of three references. Do not list credit cards.)

The undersigned hereby agrees that should a credit account be opened, for any amount not paid when due (30 days from invoice date), Century Linen & Uniform, Inc. shall be entitled to charge a late fee of 1.5% per month, or the maximum allowed by law, whichever is less. Further, if such account is submitted to a collection authority, the undersigned agrees to pay an additional charge equal to the cost of collection, including court and attorney costs. The undersigned individual is either a principal of the credit applicant or a sole proprietorship of the credit applicant, and recognizes that his or her individual credit history may be a factor in the evaluation of the credit history of the applicant. The undersigned hereby consents to and authorizes the use of a consumer credit report on the undersigned by the above named business credit grantor, from time to time as may be needed, in the credit evaluation process.

Print Name: _____

Title: _____

Signature: _____ **Date:** _____

IF YOU HAVE BEEN IN BUSINESS FOR LESS THAN 3 YEARS:

A personal guarantee or credit card is required to apply for credit.

I, _____ (hereinafter Guarantor), residing at _____ (address, city, state), do hereby personally guarantee the performance of _____ (hereinafter Customer) with regard to an agreement (hereinafter Agreement) by and between Customer and Century Linen & Uniform, Inc., a Gloversville, New York based corporation.

In the event that Customer fails to make any payment to Century Linen & Uniform, Inc. or fails to perform in any manner with regard to said Agreement between the two entities, the Guarantor does hereby promise to make all payments to Century Linen & Uniform, Inc. in the same manner as if they were the principals of said Agreement.

And furthermore, the Guarantor does hereby authorize and empower any attorney of any court of record of the state of New York or elsewhere to appear for and to enter judgment against us, or any of us, in favor of Century Linen & Uniform, Inc. for any sums due under the Agreement plus interest with costs of suit, release of errors, without stay of execution, and with thirty-three and one-third percent (33 1/3%) as a reasonable attorney's fee, and the Guarantor hereby waives and releases all benefit and relief from any and all appraisal, stay or exemption laws of any state now in force or hereafter to be passed.

Please submit this form with a copy of the Guarantor's photo ID.

Signature

Date

Print Name

Date

Or provide credit card information below:

By completing this portion, you authorize us to charge this card should the account become delinquent.

Credit Card Number _____ Exp. Date _____

Name on Card: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Return this Form:

By email:

customerservice@centurylinen.com

By fax: (518) 773-8848

By mail:

335 N Main St.

Gloversville, NY 12078