

CREED APPLICATION FOR CREDIT

CUSTOMER NUMBER _____

P.O. BOX 2014
WRENTHAM, MA 02093
ORDER LINE 800-255-7439 FAX 508-384-2626 OFFICE 508-384-7600
www.creedrosary.com

DATE _____

NAME OF BUSINESS _____

ADDRESS (MAILING) _____ CITY _____ STATE _____ ZIP _____

ADDRESS (SHIPPING) _____ CITY _____ STATE _____ ZIP _____

BUSINESS PHONE _____ BUSINESS FAX _____

EMAIL ADDRESS _____

NAME OF OWNER _____

SOCIAL SECURITY NO. _____

OWNER HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____

CHECK ONE: INDIVIDUAL _____ PARTNERSHIP _____ CORPORATION _____

NAME OF AUTHORIZED BUYERS: _____

KEY EMPLOYEES: MANAGER/OWNER _____

JBT RATING _____

BUYER _____

BOOKKEEPER _____

HOW LONG HAVE YOU BEEN IN BUSINESS? _____ IF LESS THAN ONE (1) YEAR PREVIOUS EMPLOYMENT: _____

HAVE YOU EVER HAD AN ACCOUNT WITH US BEFORE? _____ IF SO GIVE NAME AND ADDRESS AND ACCOUNT NO. YOU OPERATED UNDER NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

DO YOU OPERATE UNDER ANY OTHER NAMES? _____ IF SO, GIVE NAME, ADDRESS, AND ACCOUNT NO. _____

NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

TYPE OF OPERATION: RETAIL _____ RELIGIOUS STORE _____ GIFT SHOP _____ IRISH SHOP _____ RETAIL JEWELER _____

DISTRIBUTER/WHOLESALES _____

BUSINESS LOCATION: RETAIL MALL _____ COMMERCIAL LOCATION _____ HOME _____ OTHER _____

AMOUNT OF CREDIT REQUESTED \$ _____

GIVE NAMES AND ADDRESS OF AT LEAST FOUR ACTIVE INDUSTRY TRADE REFERENCES:

NAME: _____ PHONE NO _____
ADDRESS _____ FAX NO _____
CITY _____ STATE _____ ZIP _____ ACCOUNT NO _____

NAME: _____ PHONE NO _____
ADDRESS _____ FAX NO _____
CITY _____ STATE _____ ZIP _____ ACCOUNT NO _____

NAME: _____ PHONE NO _____
ADDRESS _____ FAX NO _____
CITY _____ STATE _____ ZIP _____ ACCOUNT NO _____

NAME: _____ PHONE NO _____
ADDRESS _____ FAX NO _____
CITY _____ STATE _____ ZIP _____ ACCOUNT NO _____

BANK INFORMATION:

NAME OF BANK _____ CONTACT PERSON _____
ADDRESS _____ PHONE NO _____
CITY _____ STATE _____ ZIP _____ ACCOUNT NO _____
ACCOUNT NO _____
CHECKING _____ SAVINGS _____

I AUTHORIZED THE ABOVE NAMED BANK TO RELEASE INFORMATION REGARDING MY BUSINESS ACCOUNTS.

SIGNED _____ DATED _____

The undersigned expressly agrees that if the above account becomes delinquent and forced to be placed in the hands of an Attorney, an Attorney's fee of 25% will be due, in addition to the principal sum and a delinquent finance charge of 1.5% per month or 18% per annu. The undersigned, who desires to do business with Creed Rosary Mfg. Inc. agrees that if a lawsuit is necessary to collect money owing Creed Rosary Mfg. Co. Inc., that the venue of the lawsuit will be N. Attleboro, MA, state of Massachusetts will have jurisdiction over the subject matter and also over all the parties to the lawsuit. Before a lawuit is filled Creed Rosary Mfg. Co. Inc., through its Attorney, agrees to notify the debtor by certified mail, return receipt requested. The undersigned expressly agrees that the above method of certified mail, return receipt requested will be sufficient notice to effecturate personal service over the defendant, and the defendant also agrees to waive citation. It is expressly understood by all parties that this agreement is to facilitate the legal process only in the event a lawsuit is necessary to satisfy any obligations to Creed Rosary Mfg. Co. Inc.

Signed By _____ Date _____
Title _____
Sales Tax Permit No. _____ Store License No. _____

This credit application will not be processed unless completed in full, signed and dated.

IF YOU HAVE ALREADY BEEN IN BUSINESS UNDER THIS NAME FOR LESS THAN ONE YEAR, OR HAVE NOT ESTABLISHED SUFFICIENT CREDIT HISTORY WITH FOUR TRADE REFERENCES, THE OWNER OR PRINCIPAL STOCK HOLDER MUST COMPLETE AND SIGN THE PERSONAL GUARANTEE,

I, _____, GUARANTEE THE PAYMENT OF,
ALL SUMS THAT _____ (Hereafter called the "The Company")
NOW OR HEREAFTER OWE CREED ROSARY, MFG., INC. SHOULD THE COMPANY DEFAULT IN PAYMENT OF ANY
SUM DUE AND PAYABLE TO CREED ROSARY, INC. I AGREE TO PAY CREED ROSARY, INC. ALL SUMS. I AGREE
THAT MY LIABILITY UNDER THIS GUARANTEE SHALL NOT BE AFFECTED BY ANY CHANGE IN TERMS OF PAYMENT
FROM CREED ROSARY, INC.

SIGNATURE OF GUARANTOR _____ TITLE _____
DATE _____ HOME PHONE _____
HOME ADDRESS _____
CITY _____ STATE _____ ZIP _____

Please Return completed Credit Application to: CREED ROSARY
15 KENNETH MINER DRIVE
P.O. BOX 2014
WRENTHAM, MA 02093

Or Fax completed Credit Application to: 508-384-2626 OR 800-918-3355