

# GRAUER'S

PAINT • BLINDS • WALLPAPER

## Application for Credit

Accounts Receivable Contact Info:

(717) 394-0558 ext. 1

[Accounting@Grauerspaint.com](mailto:Accounting@Grauerspaint.com)

1941 Lincoln Highway East,

Lancaster, PA17602

[www.GrauersPaint.com](http://www.GrauersPaint.com)

### Contact Name/Address:

Personal Guarantee - Legal First, MI, Last Name:			Social Security Number: (required)
Business Name:			Tax ID Number: (required for business)
Address:			PA Tax Exempt Number: (attach tax certificate)
City:	State:	Zip:	Desired Credit Limit:
Email Address:		Phone Number:	Fax Number:

### Business Information: (not required for personal accounts)

Type of Business:			Years in Business:
First & Last Name: Primary Owner)			Title:
Address:			Phone Number:
City:	State:	Zip:	Email:
First & Last Name (Secondary Owner)			Title:
Address:			Phone Number:
City:	State:	Zip:	Email:

### Accounts Payable:

First & Last Name: (Primary)			Phone Number:
Title:	Email Daily Invoices: YES <input type="checkbox"/> NO <input type="checkbox"/>	Email Monthly Statements: YES <input type="checkbox"/> NO <input type="checkbox"/>	Email:
First & Last Name: (Secondary)			Phone Number:
Title:	Email Daily Invoices: YES <input type="checkbox"/> NO <input type="checkbox"/>	Email Monthly Statements: YES <input type="checkbox"/> NO <input type="checkbox"/>	Email:

### Financial/Supplier Reference: (Exclude Lowes, Home Depot, Sherwin Williams and PPG)

Entity Name:	Amount of Credit:	Contact Number:	Account in good standing: YES <input type="checkbox"/> NO <input type="checkbox"/>
Entity Name:	Amount of Credit:	Contact Number:	Account in good standing: YES <input type="checkbox"/> NO <input type="checkbox"/>
Entity Name:	Amount of Credit:	Contact Number:	Account in good standing: YES <input type="checkbox"/> NO <input type="checkbox"/>

I certify that I am an authorized signer on behalf of the entity or person listed above. The information provided herein is accurate and complete. My signature acknowledges a photocopy or fax of this authorization is as valid as the original. I authorize Grauers Decorating Center to conduct a background check, which may include obtaining a credit report/credit score and/or contacting financial/supplier references. I release all individuals and entities providing such information from any liability. I understand this information is necessary to assess eligibility for credit and determine the credit limit. By signing this application, I accept financial responsibility and agree to maintain the account in good standing. I acknowledge a service charge of 1.5% per month or 18% annually will be applied to invoices overdue by more than 30 days, along with any associated collection fees, which may be reported to credit agencies. I agree to promptly inform Grauer's accounts receivable department of any changes to my billing address (both physical and digital) to ensure the account information remains current for billing purposes.

Personal Guarantee Printed Name:	Title:
Personal Guarantee Signature:	Date