



Gypsum By McCarthy
2625 S. Salina Street
Syracuse, NY 13205
PH: 315-478-6169 Fax: 315-478-2903



DATE: _____ Salesperson: _____

Company Name: _____ Phone: _____

Physical Address: _____ Fax: _____

City/State/Zip: _____ E-mail Address: _____

Mailing Address If Different: _____

Number of Years at the Above Named Location? _____

Years of Operation Under This Name: _____

Are You: Individual Owner Partnership Corporation (Please Circle one)

SSN or EIN #: _____ **INCLUDE RESALE CERTIFICATE IF APPLICABLE**

If Incorporated - Date of Incorporation _____ State Incorporated In: _____

Corporation Attorney's Name and Address: _____

Corporation Accountant Name(s)
and Address: _____

OWNER, PARTNER, PRESIDENT INFO:

1)
Full Name: _____ Position: _____

Hone Address: _____

City/State/Zip _____ County: _____

Hone Phone: _____ Cell Phone: _____

SSN #: _____ E-mail: _____

2}

Full Name: _____ Postion: _____
Hone Address: _____
City/State/Zip _____ County: _____
Hone Phone: _____ Cell Phone: _____
SSN #: _____ E-mail: _____
Bank Name: _____ Acct No: _____
Bank Address/Branch _____
Phone Number: _____ Contact: _____

Credit References (four are requested with FAX numbers ONLY)

<u>Name</u>	<u>Address</u>	<u>FAX Number:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are there any judgments or legal proceedings pending or threatened against you? _____
If so, explain: _____

Any checks issued within the past 6 months which were not paid due to insuffucient funds for any reason:

Have you or your partner(s) ever done business with us before? _____
If so under what name(s)? _____ Cash or Credit: _____

CREDIT APPLICATION to Gypsum by McCarthy, FROM _____

- 1) I/WE authorize you to contact all bank, credit and trade references to verify our credit standing with them and authorize them to release said information to you.
- 2) I/WE understand your terms are 2% 10th (excluding tax)/Net 20th EOM and invoices past due are subject to 2% service charge per month. Discounts are date driven by the document date.
- 3) If it becomes necessary to effect collection, I/WE agree to pay all costs of collection including reasonable court costs and attorney fees.
- 4) In consideration of Gypsum By McCarthy, extending credit, I/WE jointly and severally do personally guarantee unconditionally, at all times, to Gypsum By McCarthy, its successors and/or assigns, the payment in indebtedness of balance of indebtedness of the within named firm.

_____	_____
Print Name	Signature
_____	_____
Print Name	Signature
_____	_____
Print Name	Signature
_____	_____
Print Name	Signature

_____ Dated

web

Gypsum by McCarthy

2625 South Salina St.
Syracuse, NY 13205-1528

315-478-6169
FAX 478-2903

To Our Valued Customers:

We have started to implement an Auto Send program with which you can receive your invoices and/or statements via e-mail. If you would like to participate please respond as per the following:

Send E-mail to: Accounting@gypsumbymccarthy.com
Subject: Auto Send

Provide the Contact Name and e-mail address to send the above to within the body of the e-mail.

Thank you,
GYSPUM BY McCARTHY

Account Dept.