

## Gypsum By McCarthy, Inc. 2625 S. Salina Street Syracuse, NY 13205



PH: 315-478-6169 Fax: 315-478-2903

DATE:		Salesperson:	
Company Name:  Physical Address:		Fav	
City/State/Zip:		E-mail Address:	
Mailing Address If Different:			
Number of Years at the Above Years of Operation Under This	Named Location?		_
Are You: Individual Owner SSN or EIN #:	Partnership	Corporation	(Please Circle one)
If Incorporated - Date of Incorporation		State Incorporated In:	
Corporation Attorney's Name	and Address:		
Corporation Account Names a	and Address:		
1)	OWNER, PAR	TNER, PRESIDENT INFO:	
Full Name: Hone Address:		Postion	:
City/State/Zip Hone Phone:		County Cell Phone	::
SSN #:		E-mail	

2} Full Name: Hone Address:				
City/State/Zip Hone Phone: SSN #:		County: Cell Phone: E-mail:		
Bank Name: Bank Address/Bra Phone Number:	nch	Contact	Acct No:	
	Credit Refe	rences (four are requested)		
<u>Name</u>	<u>Address</u>	,	FAX Number:	
Are there any judg	ments or legal proceedings pe	nding or threatened against you	u? 	
If so, expl	ain:			
Any checks issued	within the past 6 months whic	h were not paid due to insuffuc	ient 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 APPLICATI	ON to Gypsum by McCarthy, In	c. FROM		
•	·	k, credit and trade references to	o verify our credit standing	
<i>2)</i> I/WE u	•	Oth (excluding tax)/Net 20th EC Onth. Discounts are date driven	·	
3) If it be	comes necessary to effect colle	ction, I/WE agree to pay all cos		
reasonable court costs and attorney fees.  4) In consideration of Gypsum By McCarthy, Inc. extending credit, I/WE jointly and severally do personally guarantee unconditionally, at all times, to Gypsum By McCarthy, Inc. its successors				
•		tedness of balance of indebtedr	•	
	Print Name		Signature	
	Print Name		Signature	
	Print Name		Signature	
	Print Name		Signature	
	<del>-</del>	Dated	•	