



Symbal Mattress®

P.O. Box 11045
Richmond, VA 23230
(804) 353-8965
(800) 446-2791
FAX (804) 353-8762

CREDIT APPLICATION

Date: _____ Credit Amount Requested: \$ _____

Legal Name of Applicant: _____

Trading as: _____

Street Address: _____ P. O. Box: _____

City: _____ State: _____ Zip Code: _____

Delivery Days: _____ Delivery Hours: _____

Phone No.: _____ Fax No.: _____

Contact: _____ Email Address: _____

Are you a corporation or a limited liability corporation? If "yes", fill in the blanks below:

State of Incorporation: _____

Name of Registered Agent: _____

Address of Registered Agent: _____

Officer #1: _____
Name Title Social Security #

Officer #2: _____
Name Title Social Security #

Officer #3: _____
Name Title Social Security #

see guarantee on page 2

Are you a Partnership? If "yes", fill in the blanks below:

Partner #1: _____
Name Address Social Security #

Partner #2: _____
Name Address Social Security #

Bank Reference : _____ **Branch:** _____
Contact Person _____ Phone # () _____

Trade References :

Business Name: _____ Contact: _____
Address: _____
Phone #: _____ Fax #: _____

Business Name: _____ Contact: _____
Address: _____
Phone #: _____ Fax #: _____

Business Name: _____ Contact: _____
Address: _____
Phone #: _____ Fax #: _____

I represent that the above information is true and is given to induce Eastern Sleep Products, Symbol Mattress and other related subsidiaries (ESP) to extend credit to the applicant. My company and I authorize ESP to make such credit investigation as ESP sees fit, including contacting the above trade references and banks and obtaining credit reports. My company and I authorize all trade references, banks, and credit reporting agencies to disclose to ESP any and all information concerning the financial and credit history of my company.

Unless otherwise stated on an invoice, **all invoices are payable in full on or before the 31st day after the invoice date.** Applicant may take a 3% discount if paying COD, and a 2% discount if paying within 30 days of the invoice date. Invoices paid after 31 days will be considered past due and subject to interest at the lesser of:

- A) 1 1/2% per month (except for Virginia applicants who are not corporations or partnerships or not corporations or partnerships or limited liability companies, the rate is 1% per month), or
- B) the maximum rate permitted under applicable law.

Should it become necessary to institute collection efforts, applicant agrees, to the extent permitted by law, to pay all costs of collection.

Applicant represents, warrants and agrees that all its credit purchases will be solely for applicant's business and commercial purposes

Authorized Signature: _____

Printed Name: _____

Title: _____ Date: _____

Corporate Guarantee

In order to induce ESP to extend credit to the applicant, I/we personally guarantee payment when due for all items purchased on credit by the applicant corporation.

Authorized Signature: _____

Printed Name: _____ Social Sec #: _____

Address: _____ Date: _____

Authorized Signature: _____

Printed Name: _____ Social Sec #: _____

Address: _____ Date: _____

