

# DURAPORT MARINE & RAIL TERMINAL LLC.

## ALL AFFILIATED COMPANIES

P.O.BOX 1009, BAYONNE, NJ 07002 PHONE (201)437-0703-FAX (201)437-0158

### CREDIT APPLICATION AND PERSONAL GUARANTEE

DATE \_\_\_\_\_

LEGAL NAME \_\_\_\_\_

TRADE NAME IF ANY \_\_\_\_\_

ADDRESS \_\_\_\_\_

BUSINESS PHONE \_\_\_\_\_ FAX \_\_\_\_\_

TYPE OF BUSINESS:     CORPORATION             PARTNERSHIP             PROPRIETORSHIP             OTHER

#### PRINCIPALS OR OWNERS:

1. NAME \_\_\_\_\_ HOME ADDRESS \_\_\_\_\_

BUSINESS TITLE \_\_\_\_\_ HOME PHONE \_\_\_\_\_ SS# \_\_\_\_\_

2. NAME \_\_\_\_\_ HOME ADDRESS \_\_\_\_\_

BUSINESS TITLE \_\_\_\_\_ HOME PHONE \_\_\_\_\_ SS# \_\_\_\_\_

3. NAME \_\_\_\_\_ HOME ADDRESS \_\_\_\_\_

BUSINESS TITLE \_\_\_\_\_ HOME PHONE \_\_\_\_\_ SS# \_\_\_\_\_

#### BANK REFERENCE:

NAME \_\_\_\_\_ ACCOUNT NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_

NAME \_\_\_\_\_ ACCOUNT NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_

#### TRADE REFERENCE: SUPPLIER NAME - ADDRESS- PHONE NUMBER

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

We certify that the above information is true and correct and we agree to pay this account in accordance with your credit terms. We authorize you to verify this information, now or in the future, and/or obtain additional information by securing data from a credit reporting agency. We understand that all past due balances will be subject to a 2% per month service charge. We further agree to pay 30% collection charge, in the event of default, if the account is placed with an attorney or bonded collection agency.

Signed \_\_\_\_\_ Position \_\_\_\_\_

Signed \_\_\_\_\_ Position \_\_\_\_\_

#### PERSONAL GUARANTEE

For good and valuable consideration, the undersigned (jointly & individually) agree to be personally liable for all indebtedness incurred by the above. The undersigned (jointly & individually) further agree to be personally liable for all indebtedness based on the extension of credit to any other corporation or business entity with which the undersigned is or may be affiliated. If a default in the terms of payment occurs on any account on which the undersigned is or may be liable, and which is placed with an attorney or bonded collection agency, the undersigned (jointly and individually) agree to pay an additional 30% collection charge on the entire unpaid balance. The undersigned authorizes you or your authorized agent, to verify any of the above information now or in the future, and/or obtain additional information by securing data from a credit reporting agency.

Signed \_\_\_\_\_ Witness \_\_\_\_\_ Date \_\_\_\_\_

Signed \_\_\_\_\_ Witness \_\_\_\_\_ Date \_\_\_\_\_

THE USE OF MY CORPORATE TITLE IS ONLY TO IDENTIFY MY POSITION IN THE COMPANY AND IS NO WAY NEGATES MY PERSONAL GUARANTEE.