



Nine Union Hill Road  
West Conshohocken, PA 19428

Phone: 610-825-7200  
Fax: 610-397-0130

www.BroudyPrecision.com

Confidential Credit Application—Pg 1 of 3

Company / Billing Information

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_  
Company type:  Corporation  LLC  Partnership  Sole Proprietorship  
In Business Since: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Primary Shipping Address  Same as Billing

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_

Accounts Payable Contact \_\_\_\_\_ Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

A/P Fax: \_\_\_\_\_ A/P Email: \_\_\_\_\_

Please send invoices via:  Fax  Email  US Mail Enter fax, email or mailing address below:

Are your purchases taxable?  Yes  No If "NO", a blanket Tax Exempt certificate must accompany this form. If your purchases are sometimes tax exempt, tax status must be advised when your orders are placed. We collect sales tax for the following states only: PA, NJ, VA. Is a PO required?  Yes  No

Do you have a Honeywell Contractor Pro Account?  No  Yes Account number \_\_\_\_\_

Providing this number enables us to submit your purchases to Honeywell for Contractor Pro points. If you are unfamiliar with this program, please ask your Broudy Sales Rep, or visit [ContractorPro.com](http://ContractorPro.com).

Starting credit amount requested, or estimated monthly purchase amount: \$ \_\_\_\_\_

Please provide the name of your Broudy Sales Representative, or tell us how you heard about Broudy:

Our terms are net 30 days. Accounts not paid in this time frame will be charged 1.5% interest rate per month and future orders will be on a C.O.D. basis until further approved by management. In consideration for any extension of credit, purchaser agrees to the terms hereof and to the conditions of sale set forth on each invoice. The purchaser also agrees to pay reasonable attorney fees and other costs incurred for collection. Applicant agrees that a monthly service charge of 1.5% per month or the highest amount legally allowed shall be payable on all sums due to Broudy Precision. The applicant authorizes the clerk, prothonotary or attorney of any court of record to appear for the applicant and confess judgement against the applicant for any sum unpaid under such invoices. ACH payments are accepted by Broudy Precision. **Credit card payments are not accepted for invoices past 20 days old.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Form may be submitted electronically, but a copy with a valid signature must be mailed or scanned and emailed for our file. Please email to [turban@broudyprecision.com](mailto:turban@broudyprecision.com) or mail to address above.



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**Confidential Credit Application—Pg 2 of 3**

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**Company Contacts**

President / Owner:

Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

VP / Co-owner:

Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Financial /  
Accounting:

Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Purchasing:

Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

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Bank Name: \_\_\_\_\_ Contact person: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Account Number \_\_\_\_\_ Account type: \_\_\_\_\_

**Trade References**

Company Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Company Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Company Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_



**Confidential Credit Application—Pg 3 of 3**

**Personal Guarantee** (Where applicable)

I/We \_\_\_\_\_ for and in consideration of your extending credit, at my/our request, to: \_\_\_\_\_

{Guarantor(s) Company Name}

hereby personally guarantee to you the payment of any obligation of the above individual/company and I/we hereby agree to bind myself/ourselves to pay you on demand any sum which may become due to you by the company whenever the company shall fail to pay the same. It is understood that this guarantee shall be a continuing and irrevocable guaranty and indemnity for such indebtedness of the company. I/We do hereby waive notice of default, non-payment and notice thereof and consent to any modification or renewal of the credit agreement hereby guaranteed. If credit is granted, it is understood to be under the conditions set forth in the above statement of terms.

Guarantor: \_\_\_\_\_ SSN: \_\_\_\_\_

Home address: \_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_  
**Signature of guarantor above**

\_\_\_\_\_  
**Date (Must agree with Notary)**

Above signature(s) must be notarized

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

I CERTIFY THAT ON \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_ personally appeared before me and acknowledged under oath, to my satisfaction, that this person (or if more than one, each person):

- A. Is named in and personally signed this document; and
- B. Signed, sealed, and delivered this document as his or her act and deed.

\_\_\_\_\_  
Notary Public