



**YOUNG'S INC**  
 PO Box 145 • Dundee • MI 48131  
 Phone#: (800) 323 7799 • Fax#: (734) 529 4000  
 Online: www.youngsinc.com • Email: youngs@youngsinc.com

**TO OUR NEW CUSTOMERS:**

Thank you for placing an order with Young's Inc. We look forward to doing business with you. To expedite this order and qualify you for an open account status, it is necessary to complete this application. Your order will be approved upon receipt and review of current credit information from 3 of your vendors, a bank reference, and credit interchanges. This generally takes 1-10 business days. Information must be clear. PLEASE PRINT.

**CREDIT AGREEMENT**

In consideration of, and in order to include you to establish an open account line of credit based on the forgoing application, the undersigned promises to pay for purchases in accordance with our terms stated on invoices for each specific shipment. If, at any time, the undersigned is unable to pay for each invoice within terms, the undersigned agrees to pay a service charge of 1 1/2 % per month, from date of invoice until paid. In the event it becomes necessary for our company to incur collection costs or institute suit to collect, any amount due under this agreement, or portion thereof, the undersigned promises to pay such additional collection cost, charges and expenses including reasonable attorney's fees.

The information supplied in this agreement is a true and accurate representation of the financial condition of my/our company and you may rely on these representations in your determination of granting credit.

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

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

COMPANY NAME: \_\_\_\_\_ Corporation Partnership Sole Proprietor  
 BILLING ADDRESS: \_\_\_\_\_  
 How long in business? \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP \_\_\_\_\_ Business type: Mass chain retail store(s)  
 Number of stores \_\_\_\_\_  
 Specialty (type) \_\_\_\_\_

OWNER: \_\_\_\_\_  
 BUYERS NAMES: \_\_\_\_\_ TAX ID # \_\_\_\_\_  
 A/P CONTACT: \_\_\_\_\_ Phone # \_\_\_\_\_  
 Fax # \_\_\_\_\_ E-mail Address \_\_\_\_\_

Delivery Information:  
 Who to CONTACT: \_\_\_\_\_  
 Phone/Ext \_\_\_\_\_

Shipping Address is Commercial Residential  
 Does your company have ROUTING/TRAFFIC /VENDOR Guidelines??  
 Yes No If Yes – Please provide at time of placing order.

Bank Name: \_\_\_\_\_ Checking Acct # \_\_\_\_\_  
 Address: \_\_\_\_\_ Savings Acct # \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Loan Acct # \_\_\_\_\_  
 Phone# \_\_\_\_\_

**Credit References – Minimum of 3 required (More references will speed up processing of this application)**

Co.Name: _____	Co.Name: _____
Acct#: _____	Acct#: _____
Phone# _____	Phone#: _____

Co.Name: _____	Co.Name: _____
Acct#: _____	Acct#: _____
Phone#: _____	Phone#: _____