

BUSINESS NAME _____			REQUESTED CREDIT AMOUNT \$ _____		
PHONE _____	FAX _____	FEDERAL TAX ID _____			
ADDRESS _____			PAST YEARS _____		
SHIPPING ADDRESS _____					
IF DBA (list all) _____					
FORMER BUSINESS ADDRESSES (past five years) _____					
TYPE OF BUSINESS _____					
MORTGAGE HOLDER / LANDLORD _____				YEARS IN BUSINESS _____	
ADDRESS _____			PHONE _____		
Required license by state, county or city? YES   NO   if yes, LICENSE NO _____					
BUSINESS TYPE Sole Proprietorship   Partnership   Corporation		DATE ESTABLISHED _____			
NUMBER OF EMPLOYEES _____		EST. ANNUAL SALES _____			
SALES AREA _____					

### PRINCIPAL INFORMATION

NAME	TITLE	SOCIAL SECURITY (SSN)
_____	_____	_____
_____	_____	_____
_____	_____	_____

### CREDIT / TRADE REFERENCE INFORMATION

NAME	ADDRESS	PHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### BANK REFERENCE INFORMATION

NAME / CONTACT	ADDRESS	ACCOUNT No
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has this company or any of its' principals ever filed for bankruptcy protection?  YES  NO

*If yes, explain (use another sheet if necessary)*

Any misrepresentation in this application will be considered as fraud, since the information herein is the basis for the extension of credit. As an inducement to grant credit, the undersigned warrants that the information submitted is accurate and correct. You are authorized to investigate the credit references and principles listed.

In consideration for the extension of credit, said business promises to pay for all purchases within the terms agreed (*insert terms here*)

And agrees to pay a service charge of 1.5% Per month (18% per annum) on all past due balances. In the event any third parties are employed to collect any outstanding monies due by said business, the undersigned agrees to pay reasonable collection agency costs, including attorney fees, whether or not litigation has commenced, and all costs of litigation incurred. The undersigned represents that he/she has the authority to execute this credit agreement on behalf of the said business.

BUSINESS NAME \_\_\_\_\_

NAME (*please print*) \_\_\_\_\_ TITLE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

NAME (*please print*) \_\_\_\_\_ TITLE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

## PERSONAL GUARANTEE

In consideration for \_\_\_\_\_ extending credit to the business identified below for any materials and/or services after this date at the request of applicants or its' agents, the undersigned individual hereby personally guarantees, unconditionally and irrevocably, the prompt payment of all sums now or hereafter owed to \_\_\_\_\_ by the business identified below whether said sums are due under open account, contract or otherwise.

It is understood and agreed that credit, if extended, is to be on a continuing basis and may exceed estimated maximum credit limit required as stated in the credit agreement between \_\_\_\_\_ and the business. \_\_\_\_\_ Shall not be obligated to notify the undersigned of the dates or amounts of any such credit and the undersigned waives demand, notice of default and any extension of time or any other forbearance which may be extended by \_\_\_\_\_.

This guarantee shall continue in force until notice in writing, sent by registered or certified mail, return receipt requested by \_\_\_\_\_. Said notice shall specify the date on which this guarantee is to be terminated. Said date is not to be less than ten days after such notice is received. Such termination shall in no way release the undersigned as to any sum or debt incurred prior to such termination.

NAME (*Individual guaranteeing payment, no title*) \_\_\_\_\_ DATE \_\_\_\_\_

HOME PHONE \_\_\_\_\_ SSN \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

\_\_\_\_\_  
*Signature of person guaranteeing payment* \_\_\_\_\_  
*Name of business whose account is guaranteed*

### CREDIT DEPARTMENT USE ONLY

DATE \_\_\_\_\_ LINE OF CREDIT APPROVED  DENIED  AMOUNT \$ \_\_\_\_\_

COMMENTS \_\_\_\_\_