

ALL SHIPMENTS WILL BE MADE CASH/COD UNTIL SUCH TIME AS CREDIT IS EXTENDED

CREDIT APPLICATION

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

How Applied:  Phone  In Person  By Mail  E-mail Taken by: \_\_\_\_\_

Complete Name of Individual Submitting Credit Application: \_\_\_\_\_

Line of Credit Requested: \$ \_\_\_\_\_ Present Balance (if existing client): \$ \_\_\_\_\_

Business Name: \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_ - \_\_\_\_

dba Name: \_\_\_\_\_ Secondary Ph# (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Mailing Address: \_\_\_\_\_  
Street city state zip code

Shipping Address: \_\_\_\_\_  
Street city state zip code

Federal Tax ID Number: \_\_ - \_\_\_\_\_ How Long at Above Physical Address: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Date Established: \_\_\_\_\_

Does State, County or City Require a License?  Yes  No If Yes, License #: \_\_\_\_\_

OWNERSHIP (All Spaces Must Be Completed)  Sole Proprietorship  Partnership  Corporation

President or Owner: \_\_\_\_\_  
Name Home Address City State Zip Code

Social Security # \_\_ - \_\_ - \_\_\_\_ Date of Birth: \_\_ / \_\_ / \_\_ Driver License # : \_\_\_\_\_ State: \_\_\_\_\_

V.P. or 2<sup>nd</sup> Owner: \_\_\_\_\_  
Name Home Address City State Zip Code

Social Security # \_\_ - \_\_ - \_\_\_\_ Date of Birth: \_\_ / \_\_ / \_\_ Driver License # : \_\_\_\_\_ State: \_\_\_\_\_

Secretary/Treasurer: \_\_\_\_\_  
Name Home Address City State Zip Code

Social Security # \_\_ - \_\_ - \_\_\_\_ Date of Birth: \_\_ / \_\_ / \_\_ Driver License # : \_\_\_\_\_ State: \_\_\_\_\_

Registered Agent: \_\_\_\_\_  
Name Home Address City State Zip Code

If Incorporated, in what state? \_\_\_\_\_ Date of Incorporation: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**TRADE REFERENCES (All spaces Must be Completed)**

	Company Name	Contact	Address	Phone Number
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

**BANK REFERENCE**       Checking    Loan or LOC    Savings    Mortgage

Number	Bank Name	Contact	Address	Phone
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Number of Employees: \_\_\_\_\_ Estimated Annual Sales: \$ \_\_\_\_\_ Sales Area:  Local    Regional    National    International

Has the company or any of its principals ever petitioned for any form of bankruptcy?  Yes    No

If yes, explain: \_\_\_\_\_

Mortgage Holder/Landlord: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Address City state Zip Code: \_\_\_\_\_

**OTHER CURRENT BUSINESS DEBTS**

	Creditor	Address	Phone#	Amount Owed \$
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Individual Who Authorized Above Purchases: \_\_\_\_\_ Title: \_\_\_\_\_

Terms Requested by Applicant: \_\_\_\_\_ Estimated First Order: \$ \_\_\_\_\_

The undersigned will submit a financial statement for the purpose of the extension of credit.  Yes  No

The undersigned, as an inducement to grant credit, warrants that the information submitted is true and correct. You are authorized to investigate the credit references listed on this application.

APPLICANT AGREES TO PAY ANY COLLECTION COSTS INCURRED TO COLLECT ANY DELINQUENT BALANCE OWING TO CREDITOR, INCLUDING BUT NOT LIMITED TO COLLECTION AGENCY COSTS, COURT COSTS, ATTORNEY FEES AND INTEREST AT A RATE OF 18% PER ANNUM WHETHER OR NOT ACTION IS COMMENCED OR WHETHER OR NOT SAID ACTION PROCEEDS TO JUDGMENT.

This agreement is entered into in the State of \_\_\_\_\_ . This agreement is governed by the laws of the State of \_\_\_\_\_ . Should any legal action be brought to enforce the terms of this agreement, customer agrees that jurisdiction shall be with the appropriate court in the State of \_\_\_\_\_ , County of \_\_\_\_\_ .

\_\_\_\_\_  
Signature Printed Name Title Date

\_\_\_\_\_  
Signature Printed Name Title Date

**PERSONAL GUARANTEE**

In consideration of credit being extended by \_\_\_\_\_ to the above named applicant for merchandise to be purchased whether applicant be an individual or individuals, a proprietorship, a partnership, a corporation, or other entity, the undersigned guarantor or guarantors each hereby contract and personally guarantee to \_\_\_\_\_ the faithful payment, when due, of all accounts of said applicant(s) for purchases made within five years after the date of this application. The undersigned guarantor or guarantors each hereby expressly waive all notice of acceptance of this guaranty, notice of extension of credit to applicant, presentment, and demand for payment on applicant, protest and notice to undersigned guarantor or guarantors of dishonor or default by applicant or with respect to any security held by \_\_\_\_\_ extension of time of payment to applicant, acceptance of partial payment or partial compromise, all other notices to which the undersigned guarantor or guarantors might otherwise be entitled and demand for payment under this guaranty. Any revocation of this guaranty shall be in writing and delivered to \_\_\_\_\_ and signed by an officer of creditor.

\_\_\_\_\_  
Signature Printed Name Social Security Number Date

\_\_\_\_\_  
Signature Printed Name Social Security Number Date