

# CREDIT APPLICATION

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

Business Legal Name  
\_\_\_\_\_

Trade Name if Any \_\_\_\_\_

Address \_\_\_\_\_

Business Phone \_\_\_\_\_ Business Fax \_\_\_\_\_

Type of Business: Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Individual Business \_\_\_\_\_ Other \_\_\_\_\_

## PRINCIPALS OR OWNERS:

1) Name \_\_\_\_\_ Home Address \_\_\_\_\_

Business Title \_\_\_\_\_ Home/Cell Phone \_\_\_\_\_ SS# \_\_\_\_\_

2) Name \_\_\_\_\_ Home Address \_\_\_\_\_

Business Title \_\_\_\_\_ Home/Cell Phone \_\_\_\_\_ SS# \_\_\_\_\_

3) Name \_\_\_\_\_ Home Address \_\_\_\_\_

Business Title \_\_\_\_\_ Home/Cell Phone \_\_\_\_\_ SS# \_\_\_\_\_

## BANK REFERENCES

Name \_\_\_\_\_ Account Number \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Account Number \_\_\_\_\_

Address \_\_\_\_\_

## TRADE REFERENCES

1) Supplier Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

2) Supplier Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

3) Supplier Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

**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 and/or obtain additional information by securing data from a credit reporting agency. We understand that all past due balances will be subject to 1 1/2% per month service charge. We further agree to pay collection charges, 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 listed corporation or business entity. 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 & individually) agree to pay additional collection charge on the entire unpaid balance.

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

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

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

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### ***FOR COMPANY USE ONLY***

D & B Rating \_\_\_\_\_

Account Number \_\_\_\_\_ Account Name \_\_\_\_\_

Tax Exempt Number \_\_\_\_\_ Amount Credit Requested \_\_\_\_\_

Amount of 1st Order \_\_\_\_\_ Application by \_\_\_\_\_

1st Order approved per \_\_\_\_\_ Date \_\_\_\_\_ Salesman \_\_\_\_\_ Sales No. \_\_\_\_\_

Permanent approval per \_\_\_\_\_ Date \_\_\_\_\_ Change \_\_\_\_\_

Credit Limit \$ \_\_\_\_\_ Date \_\_\_\_\_ Per \_\_\_\_\_