

**COMMERCIAL CREDIT APPLICATION**

FIRM NAME \_\_\_\_\_ PHONE NO. \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_ FAX NO. \_\_\_\_\_  
CITY \_\_\_\_\_  
PLEASE DESCRIBE YOUR BUSINESS (Services performed or products  
manufactured) \_\_\_\_\_

**COMPANY OWNERS OR OFFICERS:**

1. NAME \_\_\_\_\_ SSN \_\_\_\_\_ TITLE \_\_\_\_\_  
HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_  
ZIP \_\_\_\_\_ PHONE \_\_\_\_\_  
2. NAME \_\_\_\_\_ SSN \_\_\_\_\_ TITLE \_\_\_\_\_  
HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_  
ZIP \_\_\_\_\_ PHONE \_\_\_\_\_  
3. NAME \_\_\_\_\_ SSN \_\_\_\_\_ TITLE \_\_\_\_\_  
HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_  
ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

**ORGANIZATIONAL STRUCTURE:** CORPORATION PARTNERSHIP SOLE PROPRIETORSHIP

NUMBER OF YEARS IN BUSINESS \_\_\_\_\_ SOCIAL SECURITY NO. OR FEIN NO. \_\_\_\_\_  
IF SALES TO YOU WILL BE TAX EXEMPT, PLEASE LIST TAX NUMBERS: STATE \_\_\_\_\_ CITY \_\_\_\_\_  
NAME OF PERSON IN CHARGE OF ACCOUNTS PAYABLE \_\_\_\_\_  
PRIOR ADDRESS OF APPLICANT \_\_\_\_\_  
NAME OF SPOUSE OF APPLICANT (Individual applicant only) \_\_\_\_\_

**BANK REFERENCES:**

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_  
CHECKING ACCOUNT NO. \_\_\_\_\_ BANKING OFFICER TO CONTACT \_\_\_\_\_  
VISA/DISCOVER # \_\_\_\_\_ EXP \_\_\_\_/\_\_\_\_

**CREDIT REFERENCES:**

1. NAME \_\_\_\_\_ SSN \_\_\_\_\_ TITLE \_\_\_\_\_  
HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_  
2. NAME \_\_\_\_\_ SSN \_\_\_\_\_ TITLE \_\_\_\_\_  
HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_  
3. NAME \_\_\_\_\_ SSN \_\_\_\_\_ TITLE \_\_\_\_\_  
HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

DO YOU HAVE, OR HAVE YOU EVER HAD ANY JUDGMENTS, GARNISHMENTS, OR BANKRUPTCIES: \_\_\_\_\_  
IF SO, PLEASE EXPLAIN \_\_\_\_\_

ANTICIPATED AMOUNT OF MONTHLY PURCHASES \_\_\_\_\_

I, the undersigned, am authorized to execute this credit application for the foregoing applicant. I understand the terms of an open account with you to be net 15 days (each invoice is due and payable 15 days from date of purchase) and agree to said terms on behalf of the applicant. I authorize you to make such inquiries as you require concerning the above statements and do hereby certify the above statements to be true and correct to the best of my knowledge. The applicant agrees to pay all reasonable collection and attorney's fees necessary to collect this account should it become past due, plus service charge of 1 1/2% per month on any invoice not paid within 45 days after invoice date. The applicant also authorizes vender to charge the applicant's credit card account for charges 60 days past due.

\_\_\_\_\_  
SIGNATURE AND TITLE (must be owner, partner, or Corporate Officer)

\_\_\_\_\_  
DATE

**INDIVIDUAL PERSONAL GUARANTY** (required from an Officer of Corporation and all Partners of a Partnership)

\_\_\_\_\_ residing at \_\_\_\_\_  
\_\_\_\_\_, for and in consideration of your extending credit at my request to \_\_\_\_\_, (hereinafter referred to as the "Company") of which obligation of the company, and I hereby agree to bind myself to pay you on demand any amount which may become due to you by the Company whenever the Company shall fail to pay the same. It is understood that this guaranty shall be a continuing and irrevocable guaranty and indemnity for such indebtedness of the Company. I do hereby waive notice of default, non-payment and notice thereof and consent to any modification or renewal of the credit agreement hereby guaranteed.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

APPROVED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

CUSTOMER TYPE: \_\_\_\_\_

CREDIT LIMIT: \_\_\_\_\_

THE PRECEDING PERSONAL CONTINUING AND IRREVOCABLE GUARANTY AND INDEMNITY WAS ACKNOWLEDGED BY ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_\_

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

MY COMMISSION EXPIRES: \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC