



BUSINESS CREDIT APPLICATION

Legal Name: _____
FIRST MIDDLE LAST

Trade Name (If Any): _____

Address: _____

_____ City/State/Zip: _____

Business Phone: _____ Business Fax: _____

Type of Business: Corporation Partnership Individual Business Other

PRINCIPALS OR OWNERS

1) Name: _____ Business Title: _____
FIRST LAST

Home Address: _____

_____ City/State/Zip: _____

Home Phone: _____ Social Security #: _____

2) Name: _____ Business Title: _____
FIRST LAST

Home Address: _____

_____ City/State/Zip: _____

Home Phone: _____ Social Security #: _____

BANK REFERENCES

Name: _____ Account Number: _____

Bank Address: _____

_____ City/State/Zip: _____

Name: _____ Account Number: _____

Bank Address: _____

_____ City/State/Zip: _____

TRADE REFERENCES

1) Supplier Name: _____

Business Phone: _____ Business Fax: _____

2) Supplier Name: _____

Business Phone: _____ Business Fax: _____

3) Supplier Name: _____

Business Phone: _____ Business 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 over 30 days will be subject to 1 1/2% per month service charge. We further agree to pay 25% collection charge, in the event of default, if the account, is place 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 an additional 25% 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.