

## Credit Application

Trade Name: \_\_\_\_\_ Corporation Name: \_\_\_\_\_  
 Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email Address: \_\_\_\_\_

### Principals

If Corporation, Name Officers: If Partnership, Name All Partners: If LLC, Name All Members: If Sole Proprietorship, Name Owner:  
 Name: \_\_\_\_\_ Title: \_\_\_\_\_ Soc Sec#/Date of Birth/Driver's Lic # \_\_\_\_\_ Residence Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

### Trade References (Provide Four)

Supplier: _____	Address: _____	Account# _____	Telephone: _____
_____	_____	_____	_____
_____	_____	_____	_____

Contact Person for Billing: Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_  
 How Long In Operation: \_\_\_\_\_ How Long at Current Location: \_\_\_\_\_ Any Other Locations/Businesses: Yes [ ] No [ ]  
 If Operating Less Than Three Months: Previous Business: \_\_\_\_\_  
 Year Owned: \_\_\_\_\_ Until: \_\_\_\_\_ List References above for Previous Business \_\_\_\_\_ Building Owned [ ] Leased [ ]  
 Type of Business: [ ] Corporation [ ] Partnership [ ] Limited Liability Company [ ] Proprietorship  
 Name Landlord/Mortgage Co.: \_\_\_\_\_ Address \_\_\_\_\_  
 Name of Fire Insurance Co.: \_\_\_\_\_ Policy No. \_\_\_\_\_  
 Fire Ins. Agent Name \_\_\_\_\_ Address \_\_\_\_\_

### Bank Information

Name and Address of Bank: \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
 [ ] Checking [ ] Savings [ ] Loan Account# \_\_\_\_\_  
 Name and Address of Bank: \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
 [ ] Checking [ ] Savings [ ] Loan Account# \_\_\_\_\_

I (we) hereby acknowledge notification that an inquiry may be requested to obtain financial information as well as information relating to my (our) character, general reputation, personal characteristics and mode of living.

I hereby authorize \_\_\_\_\_ and their agents to verify information with my bank and I further authorize my bank to release such information to them.

Authorized Signature X _____	Title _____	Date _____
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### Personal Guarantee

The undersigned (jointly and severally) in consideration of your extending credit to the above named applicant, do hereby unconditionally guarantee payment of all indebtedness, liabilities or obligations, said applicant shall at any time owe to \_\_\_\_\_, ("Credit Grantor") OR ANY OF ITS SUBSIDIARIES OR AFFILIATED COMPANIES.

This guarantee shall be a continuing, absolute, and unconditional guarantee and shall remain in full force and effect until expressly revoked by a written notice from the undersigned sent certified mail, return receipt requested and also, until all of said indebtedness, liabilities and obligations created before such notice shall be fully paid.

This guarantee extends to and includes any and all interest due or to become due together with any and all costs and expenses, including but not limited to collection agency fees, attorney fees and court costs by the Credit Grantor, or its affiliates or subsidiaries in connection with any matter covered by this guarantee.

The undersigned consents to give the Credit Grantor or its agent the right to investigate his/her personal credit and the right to carry out any other investigation deemed necessary to make a sound credit decision.

Guarantor's <u>Printed</u> Name _____	Guarantor's Signature X _____	Date _____
Guarantor's <u>Printed</u> Name _____	Guarantor's Signature X _____	Date _____