

Confidential Credit Application

(Full Legal Name and Trade Style, If Separate)

(Address)

(City/State/Zip)

(Area Code/Number)

Billing address if different _____

This Business is a Subsidiary of, or Franchised by _____

Proprietors, Partners or Principal Shareholders: [Name(s)/Home Address(es)/Home Phone Number(s)]

Type of Business _____ How long under present ownership _____

How long at this address _____ Owned _____ Leased _____

Person responsible for accounts payable _____

Bank _____ Account # _____

Branch of Bank _____ Party to contact _____ Phone _____

Trade References: [Name(s)/Address(es)/Phone(s)] _____ (Area Code/Number)

I am authorized to make this application and certify the above statements are true and complete. Terms of Sale are Net 10th of month following statement and if any particular billing is not paid when due, all sales, regardless of prior terms, will become immediately due and owing upon demand by you. I agree to pay interest on past due amounts of 1 ½% per month or the maximum interest rate permitted by applicable law, whichever is less.

If any particular billing is not paid when due, I agree to pay in addition to the foregoing: All collection costs if this account is referred for collection, or if suit is brought to collect this account, I agree to pay all costs and reasonable attorney's fee, including all costs and a reasonable attorney's fee incurred on any appeal to an appellate court.

For value received each and every party who signs this agreement or becomes liable either now or hereafter for any payment to which this agreement applies severally waives presentment, demand, protest and notice of nonpayment hereof, binds himself hereon as the principal and not a surety and agrees to remain bound hereon, notwithstanding any extension that may be made to any party liable hereon.

I give you permission to make inquiry on financial, credit and related matters at my bank, lending firm and references listed in this application, and they are authorized to give you any information their files contain.

Date: _____ By: _____ Title: _____
(Signature)
By: _____ Title: _____
(Printed Name) (Printed Title)

The undersigned agrees to the above terms and conditions and assumes personal responsibility for payment of all amounts which said applicant has agreed to pay, including any attorney's fees, costs and collection charges.

Date: _____ By: _____ SS# _____
(Signature, individually)
By: _____
(Printed Name)