Your Business Name 123 Main St., Anywhere, US 12345 Phone: 555-5555 Fax: 555-555-1212 www.YourWebsite.com emailcontact@yourbusiness.com

CREDIT APPLICATION

Company Information

Full Legal Name/ Busines	s Entity	Phone # Fax #			
Doing Business as (DBA)		Subsidiary / Affiliate			
Billing Address City State			State Zip		
Company Type					
🗆 Proprietorship 🗆 Par	rtnership \Box Franchise \Box Corporation \Box O	ther:			
No. of Employees	Years Business Established	Annual Sales Type of Business			
Federal Tax ID	State of Incorporation	DUNS NUMBER			
E-Mail Address(es): Website:					
Is the company licensed and bonded? License #: Social Security #					

Owner, Members, Partners and/or Officers

Full Name (including middle initial)	Title		Social Security #		
Home Address		City		State	Zip
Full Name (including middle initial)	Title	Social Security #			
Home Address		City		State	Zip

Business Contact Information

Full Name (including middle initial)	Title		E-Mail Address		
Home Address		City		State	Zip

Bank References

Bank Name		Bank Contact		Account Numb	ber	
Address			City		State	Zip
Phone #	Fax #	Number of years doing business with this Company				

YOUR LOGO HERE

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Trade Credit References – Please include fax numbers

Company Name			Contact		
Address City		City		State	Zip
Phone #	Fax #		Number of years doing busi	ness with this C	Company
Company Name			Contact		
Address		City		State	Zip
Phone #	Fax #		Number of years doing business with this Company		
Company Name			Contact		
Address		City		State	Zip
Phone #	Fax #		Number of years doing busi	ness with this C	Company

Has this business or any predecessor in interest (general partners, if a general or limited partnership; owner, if a sole proprietorship) ever filed a petition in bankruptcy, been the subject of an involuntary petition in bankruptcy, or been the subject of a request for receivership?

Yes ____ No___ If so, when? _____ State in which filed: _____

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DATE ___/___

APPLICANT'S AUTHORIZATION

I have applied for an open account with YOUR BUSINESS NAME. By my signature below, I certify the information I provided on and in connection with this form is true, accurate and complete. With my full knowledge and consent, I do hereby authorize my bank and creditors to release information regarding my accounts. Furthermore, if needed, I do hereby authorize YOUR BUSINESS NAME to obtain a consumer report on me. I hereby confirm that my application pertains to the extension of business credit.

Applicant specifically authorizes the bank(s) and other credit grantors to release information in support of this application. YOUR BUSINESS NAME intends to enforce its terms of sale with delinquency resulting in suspension of credit privileges. Applicant agrees to submit to arbitration. If third party collection effort is required, applicant agrees to pay customary and reasonable costs and fees, and interest on the debt not to exceed the maximum allowed by law. Jurisdiction and venue for the resolution or disposition of any disputes of litigation shall exclusively be in YOUR STATE. Applicant agrees to notify YOUR BUSINESS NAME in writing of any significant changes in the information provided.

SIGNATURE

(Must be signed by an officer or principal of the firm)

TITLE _____

COMMERCIAL CREDIT AGREEMENT

This application cannot be processed unless this form is completed and signed.

I (We) certify that this information is true and correct and I (we) agree that this application may be referred to a credit reporting bureau for verification of the information provided. If credit is extended, I (we) further agree that such extension of credit shall be subject to the following terms and conditions.

- 1. I (We) shall pay the full amount of the invoice when due, which is defined as 30 days from the invoice date unless otherwise specified.
- 2. If payment is not received by YOUR BUSINESS NAME by the due date, a finance charge of 1 1/2% per month, or the maximum allowable by law, may be charged on the unpaid balance from said date until payment in full is made. I agree not to assert a defense of usury as a result of my agreement to this finance charge of 1 1/2% per month, or a lesser amount per month, which is not usurious.
- 3. In the event that a delinquent account is placed in the hands of an attorney for collection, or suit is instituted on this account, interest, court costs and attorney fees will be paid by the applicant.

SIGNATURE ____

(Must be signed by an officer or principal of the firm)

DATE ___/___/

TITLE _____

UNCONDITIONAL GUARANTY OF PAYMENT & PERFORMANCE BY APPLICANT

(hereinafter referred to as "Guarantor") hereby absolutely and unconditionally guarantees to Creditor the prompt payment when due of any and all past and future indebtedness from Customer to Creditor.

This is a continuing guaranty and all indebtedness from Customer to Creditor shall be conclusively presumed to have been created in reliance thereon. Without further authorization from, or notice to, Guarantor, Creditor may grant credit to Customer from time to time whether by sale of merchandise or credit or in any other manner. Guarantor hereby waives notice of acceptance of this guaranty and notice of any extension of credit by Creditor to Customer, and further waives demand for payment and notice of default.

Creditor shall have its remedy under the Guaranty without being obliged to resort first to any other remedy or remedies to enforce payment or collection of any indebtedness guaranteed hereunder and may pursue any and all of its remedies at one or at different times. No exercise or non-exercise by Creditor of any remedy, no dealing by Creditor with Customer, no modification, extension or change in the manner or time of payment shall in any way affect any of Guarantor's obligations hereunder.

Guarantor shall also pay to Creditor, on demand, reasonable attorneys' fees and all costs and other expenses incurred by Creditor in collection of any indebtedness guaranteed hereunder or in enforcing this guaranty. This guaranty shall remain in full force until Guarantor delivers to Creditor written notice revoking it as to indebtedness incurred subsequent to such delivery. Such revocation shall not affect any of Guarantor's obligations hereunder with respect to indebtedness theretofore incurred.

Guarantor (Signature without title)		Date:	/	/
Witness (Print Name)	Date:	/	/	

CREDIT DEPARTMENT USE ONLY

CUSTOMER#	_CREDIT LIMIT	TERMS	CODE	
CREDIT MANAGER SIGNATURE_			DATE	