

LEGAL NAME OF INDIVIDUAL, CORPORATION, PARTNERSHIP OR PROPRIETORSHIP _____ DATE _____

ADDRESS _____
Street
City
State
Zip

IF THIS IS A SUBSIDIARY: _____ PHONE NO. _____

NAME & ADDRESS OF PARENT COMPANY: _____

HOW LONG IN EXISTENCE: _____ YEARS TYPE OF BUSINESS: Partnership Individual Proprietorship Corporation
 IF CORPORATION: State Incorporated In _____ Date Incorporated _____

PRINCIPALS:

Name	Home Address	Home Phone	Position

CREDIT REFERENCES:

	Name	Street	City	State	Zip	Phone No.
Bank						
Supplier						
Supplier						
Supplier						

I/We certify that the above information is true and correct and I/We agree to pay this account in accordance with your credit terms. I/We authorize you to verify this information and/or obtain additional information by securing data from a credit reporting agency. I/We understand that all past due balances will be subject to a 1-1/2% per month service charge. I/We further agree to pay a 18% collection charge, in the event of default, if the account is placed with an attorney or bonded collection agency.

SIGNED: _____ POSITION: _____

SIGNED: _____ POSITION: _____

(NOTE: If a partnership, all partners must sign. If a corporation, an authorized corporate official must sign)

-----PERSONAL GUARANTEE FOR CORPORATE ACCOUNTS-----

In consideration for the credit extended to the above-listed corporation, the undersigned hereby guarantees and agrees to be personally liable for all indebtedness incurred by the corporation. I/We further agree to pay 18% collection charge, in the event of default, if the account is placed with an attorney or bonded collection agency.

SIGNED: _____ POSITION: _____

SIGNED: _____ POSITION: _____