



CREDIT APPLICATION

Date: _____

Credit Limit Requested: \$ _____

Company Information

| | |
|---|-----------------------------|
| Full Legal Name _____ | Phone# _____ |
| DBA (if different) _____ | Fax# _____ |
| Address _____ | Email _____ |
| City _____ State _____ | Zip Code _____ |
| Website _____ | |
| Type of Company: ___ Corporation ___ Partnership ___ Limited Liability Company | |
| ___ Sole Proprietor ___ Other (specify) _____ | |
| Federal Tax ID# or Social Security Number _____ | How long in business? _____ |
| State where incorporated _____ | Number of employees _____ |

Ownership Information

Please complete the below information for all officers, partners, members and owners. Please attach a separate sheet of paper if more space is required.

| Name | Title | Ownership% | Home Address | Home Phone # |
|------|-------|------------|--------------|--------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Bank Reference

| | | |
|---------------------|--------------------|------------------------|
| Name of Bank: _____ | Bank Address _____ | Phone # _____ |
| Contact Name: _____ | Account# _____ | Type of Account: _____ |

Trade References

Please list three significant business relationships.

| Name | Address | Phone # | Contact |
|------|---------|---------|---------|
| | | | |
| | | | |
| | | | |

Mortgage Holder/Landlord Information

| | |
|---|--------------------------|
| Do you rent or own premises that the business occupies? _____ | Years at location: _____ |
| Mortgage Holder/Landlord Name: _____ | Contact Person: _____ |
| Address: _____ | Phone#: _____ |

- (1) Has the company or any officer, partner, member, or owner ever filed for bankruptcy? Yes/No (If yes attach detail)
- (2) Has your company or any company that any officer, partner, member or owner been associated with as an officer, partner, member, or owner ever had credit with us before? Yes/No (If yes under what name _____).

By signing below, I certify that I have the authority to bind the company to this agreement, and that I agree to creditor's terms of sale of _____, I also agree and accept that the credit limit and credit terms maybe changed or withdrawn at the sole discretion of the creditor. Creditor shall include creditor subsidiaries, related companies, and assigns.

The information given herein is offered as part of a request by the applicant for an extension of credit for commercial business use. The information provided is represented by the applicant to be true, correct and complete. The Applicant authorizes Creditor to investigate all credit references and other sources pertaining to our credit and financial responsibility. The undersigned authorizes its banks and trade creditors to provide Creditor with complete information for the purpose of credit evaluation. The applicant understands that all past due balances will be subject to a _____ per month finance charge. The applicant further agrees to pay a _____ collection charge in the event of default, if the account is placed with a collection agency or attorney.

Applicant Company Name: _____

Signature: _____ Title: _____ Date: _____

Print Name: _____

Personal Guarantee

| | |
|---|-------------------------------|
| In consideration of any credit extended, the undersigned will personally guarantee full and prompt payment of all indebtedness of _____ owed to _____. This personal guarantee shall remain in force until its revocation is received by certified mail to the address and attention of _____. | |
| Revocation shall not affect indebtedness incurred prior to receipt of written notice. [Kentucky residents-If Guarantor is a resident of the Commonwealth of Kentucky, this guaranty shall be limited to amounts not exceeding \$ _____ for a duration of not more than _____ years from the date it is signed.] | |
| Individual Signature: _____ | Date: _____ |
| Print Name: _____ | Social Security Number: _____ |