(CREDITOR NAME)
(ADDRESS)
(CITY/STATE)
(PHONE)

CREDIT APPLICATION & BALANCE SHEET

_____DBA (If Applicable)
Individual, Partners, or Corporate Name)

_____Phone ( )_____
(Trade Name or Business Name)

Fax ( )_____

_____
(Street Address) (City & State) (Zip) (County)

For the purpose of obtaining merchandise from you on credit or for the extension of credit, we make the following statement in writing, intending that you should rely thereon respecting our exact financial condition. If Financial Statements are available, please sign and attach to application. If unavailable, please fill in the following balance sheet.

ASSETS		LIABILITIES	
Cash on Hand and in Banks	_____	Accounts Payable (for Merchandise)	_____
Notes Receivable	_____	Notes Payable (Unsecured)	_____
Accounts Receivable	_____	Secured Notes Payable	_____
Merchandise Inventory, Not on Consignment or Conditional Sale, at Cost or Market whichever is lower	_____	Bank Overdraft	_____
		Rental, Payrolls, etc. Accrued	_____
Stocks and Bonds	_____	Taxes Due	_____
Other Current Assets (Describe)	_____	Current Mtg. Debt. (Due within 12 Mo.)	_____
TOTAL CURRENT ASSETS	_____	Other Current Liabilities	_____
Real Estate	_____	**TOTAL CURRENT LIABILITIES**	_____
Machinery and Equipment	_____	Real Estate Mortgages	_____
Prepaid Expenses	_____	Other Liabilities (itemize)	_____
Other Assets (itemized)	_____	**TOTAL LIABILITIES**	_____
		Net Worth	_____
TOTAL ASSETS	_____	**TOTAL LIABILITIES & NET WORTH**	_____

Annual Net Sales	Cost of Goods Sold	Gross Profit	Operating Expense	Net Profit for Year (Before Federal Taxes)
$_____	$_____	$_____	$_____	$_____

COLLECTION EXPENSE: I/We agree to pay reasonable costs, expenses and/or collection fees, if my/our account is in default and placed with a collection agency or attorney for collection. I/We certify that the following information provided herein is true and correct and that if the credit I/We are requesting is extended that I/We assume full responsibility for payment of my/our account in accordance with the terms approved. Applicant agrees to grant creditor a security interest. I/We authorize any bank, reporting agency, or grantor of credit to provide you with information regarding character, reputation, financial responsibility, or indebtedness for the purpose of evaluating commercial credit extension.

TYPE OF OWNERSHIP
____Sole Proprietor ____Partnership ____Limited Liability Company
____Husband & Wife ____Corporation

_____ _____
(Signature) (Date) (Signature) (Date)

_____ _____
(Signature-Witness) (Date) (Signature) (Date)

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SECURITY AGREEMENT: A copy of this credit application may be used as a Security Agreement granting the creditor a secured interest in creditor's inventory and proceeds thereof.

I/WE BUY PRINCIPALLY FROM THE FOLLOWING FIRMS:

Names	Addresses	Amount Owing

_____

(Bank) (City) ___Checking ___Loan

IF BUSINESS IS INCORPORATED:

The undersigned, jointly and individually guarantee any and all debts, direct and indirect, contingent or otherwise, whether now existing or hereafter incurred. This guaranty will continue in full force and effect until revocation in writing by the undersigned. Such revocation shall not release the undersigned from any liability owed prior to its receipt. The undersigned expressly waives notice of acceptance of the guaranty, diligence, presentment, demand for payment, any right to require proceedings first against Applicant, protest or notice of any kind.

The undersigned waive(s) any claim, right or remedy presently held or acquired in the future against the applicant that arises from the guaranty and/or from the performance by any guarantor or the undersigned hereunder including any claim, remedy or right of recovery, subrogation, contribution, indemnity, or any claim against any security which creditor now has or hereafter acquires whether arising in equity, under contract, by statute, under common law or otherwise.

Witness_____ _____Guarantor

Date_____ _____Guarantor

_____Guarantor

ATTACH RESALE TAX CERTIFICATE OR
SALES TAX IS BILLED AND MUST BE PAID

SALESMAN NO:_____