



A PARTNERSHIP LLC Business

### CREDIT APPLICATION

To ensure expeditious processing, be as thorough as possible in the completion of this application. Lack of details can delay processing of your account.

Date Credit Requested:

Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ Number of years at this address: \_\_\_\_\_

(Street)

(City)

(State/Province)

(Zip/Postal Code)

Shipping Address:

(Street)

(City)

(State/Province)

(Zip/Postal Code)

Doing Business As:

Federal Tax ID/VAT Number:

(If different from business name)

Type of Business:

Date Established:

D&B Number:

Number of Employees:

Estimated Annual Sales: \$

Ownership:  Sole Owner  Partnership  Corporation  Other \_\_\_\_\_

Principal:

(Name)

(Title)

(Home Address)

Principal:

(Name)

(Title)

(Home Address)

#### TRADE REFERENCES:

1) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Account#: \_\_\_\_\_ Contact Name: \_\_\_\_\_

2) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Account#: \_\_\_\_\_ Contact Name: \_\_\_\_\_

3) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Account#: \_\_\_\_\_ Contact Name: \_\_\_\_\_

BANK REFERENCES:  Checking  Savings  Loan  Other \_\_\_\_\_

1) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Account#: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Applicant agrees to pay collection costs incurred to collect unpaid overdue balances, including interest on the unpaid balance, as allowed by state or local law and any reasonable attorney's fees incurred.

The undersigned, as an inducement to grant credit, warrants that the information submitted is true and correct.

\_\_\_\_\_  
(Signature) (Printed Name) (Title) (Date)

\_\_\_\_\_  
(Signature) (Printed Name) (Title) (Date)

## PERSONAL GUARANTEE

In consideration of credit being extended by The Partnership LLC to the above named applicant for merchandise and/or services to purchase whether applicant be an individual or individuals, a proprietorship, a partnership, a corporation, or other entity the undersigned guarantor or guarantors each hereby contract and guarantee to The Partnership LLC the faithful payment, when due of all accounts of said applicant.

\_\_\_\_\_  
(Signature) (Printed Name) (Title) (Date)

\_\_\_\_\_  
(Signature) (Printed Name) (Title) (Date)

### POINTS OF CONTACT:

#### Background Checks:

Primary	Name: _____	Phone: _____
	Email: _____	Fax: _____
Alternate	Name: _____	Phone: _____
	Email: _____	Fax: _____

#### ID Cards:

Primary	Name: _____	Phone: _____
	Email: _____	Fax: _____
Alternate	Name: _____	Phone: _____
	Email: _____	Fax: _____

#### Accounts Payable:

Primary	Name: _____	Phone: _____
	Email: _____	Fax: _____
Alternate	Name: _____	Phone: _____
	Email: _____	Fax: _____

**\*\* Credit Department Use Only \*\***

Date Line of Credit Approved: \_\_\_\_\_ Line of Credit Granted: \_\_\_\_\_

Date Line of Credit Denied: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Terms of Service: Payment terms are "NET 30 DAYS". Any balances carried past this time will incur a Late Payment Charge (LPCHRG) at a rate of 5.5%APR and put the account into a "Past Due" status. In the case that more than one invoice is open on your account payments are applied to the oldest invoice first. Any outstanding balances will continue to accrue a LPCHRG (as applicable) until fully paid. Accounts falling into "Past Due" status are subject to losing their "Preferred" billing rates and/or any volume discounts (as applicable) for services provided and will be billed at "Standard" rates until further notice.

FAX COMPLETED APPLICATION TO: 713.853.0236 - Attn: Howard Huffstutler

Questions?: Call Howard at: 713.695.9928

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