



Customer #: _____

APPLICATION FOR COMMERCIAL CREDIT

PLEASE PRINT OR TYPE. IN ORDER TO PROCESS YOUR REQUEST THIS APPLICATION MUST BE SIGNED.

CUSTOMER INFORMATION

CUSTOMER NAME: _____ DBA OR TRADE NAME: _____

PHONE: _____ ADDITIONAL PHONE: _____ FAX: _____

PHYSICAL ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

BUSINESS INFORMATION

BUSINESS FORM* (CHECK ONE): () CORPORATION () PARTNERSHIP () PROPRIETORSHIP* () OTHER _____

TAX ID: _____ YEARS IN BUSINESS: _____ HAS THE BUSINESS EVER FILED FOR BANKRUPTCY: () YES () NO

BUSINESS DESCRIPTION (WHAT YOUR COMPANY DOES) _____ PREVIOUS YEAR SALES _____

APPROX. NUMBER OF EMPLOYEES: _____ *IF SOLE PROPRIETOR PLEASE PROVIDE THE FOLLOWING: TIME AS CURRENT OWNER: _____

NAME OF OWNER: _____ SS# _____ DATE OF BIRTH ____/____/____

SIGNATORY INFORMATION (AUTHORIZED AGENT)

NAME (FULL NAME): _____ TITLE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____ PHONE: _____ CELL: _____

BANKING INFORMATION

BANK NAME: _____ CONTACT NAME: _____

PHONE: _____ EMAIL: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CHECKING ACCOUNT #: _____ LOAN ACCOUNT #: _____

ACCOUNTING INFORMATION

TAX EXEMPT? () YES () NO IF YES, PLEASE ATTACH ALL PROPER EXEMPTION FORMS CREDIT AMOUNT REQUESTED: _____

PURCHASE ORDER # REQUIRED? () YES () NO IF YES, WHO MAY ISSUE P.O.? _____

A/P CONTACT: _____ A/P EMAIL: _____

A/P PHONE: _____ A/P FAX NUMBER: _____ **EMAIL ALL INVOICES** () YES () NO

TRADE REFERENCES	CITY, STATE	PHONE NUMBER



TERMS AND CONDITIONS

In making this Agreement upon which Southeastern will rely to extend commercial credit, I/We agree to Southeastern's terms of payment as follows: NET 30 DAYS UPON DATE OF INVOICE on all accounts and service charges of 1.5% per month on all invoices/contracts not paid when due or the maximum rate permitted by law, whichever is less.

The individual executing this Agreement below warrants that (i) s/he is authorized to do so; (ii) the information contained in this Agreement is a true and correct statement of the financial condition of Customer; and (iii) a photo or facsimile copy of this Agreement shall be valid as the original.

*If a sole proprietor is applying for credit or any other business entity that does not have sufficient standalone credit history, I/We authorize Southeastern, and/or its assigns, by signing below to perform any credit inquiry deemed necessary by Southeastern, and/or its assigns, on the owner's personal credit history provided that the Owner is a signatory to this agreement or signs below.

Date: ___/___/___

Print Customer Name: _____

Print Authorized Officer's Name: _____

Authorized Officer's Signature: _____

Print Authorized Officer's Title: _____

*If Sole Proprietor, Owner's Signature: _____

Print Owner's Name: _____

PERSONAL GUARANTEE (AT DISCRETION OF SOUTHEASTERN)

The undersigned guarantor(s), for and in consideration of Southeastern extending credit at my/our request to the Customer named above, in which I/we have a financial interest, jointly, severally and unconditionally personally unconditionally guarantee prompt payment and performance of any obligations Customer to Southeastern whether now existing or hereinafter made, and further agree to bind myself/ourselves to pay on demand any sum which is due by Customer to Southeastern whenever Customer fails to pay the same.

If collection of amounts due requires the assistance of a collection agency or attorneys, suit is brought hereon, or it is enforced through any judicial proceeding whatsoever, I/We agree (a) that Southeastern reserves the right to bring legal action in whatever jurisdiction Southeastern deems necessary, whose laws, at the option of Southeastern, shall govern this Agreement, and (b) to pay all costs and expenses of collection, including reasonable attorney's fees plus all other reasonable expenses incurred by Southeastern in exercising any of Southeastern's rights and remedies.

The Undersigned recognizes the obligation of the Customer and the undersigned and agrees to hold the portion of all payments received by Customer which include payment to Customer for the rent and/or purchase of equipment, services, and supplies furnished by Southeastern pursuant to this agreement to be held in a separate trust account for payment to Southeastern. The undersigned agrees to act as fiduciary for payment to Southeastern and agrees that Customer shall not use said payments for any other purpose, in exchange for the Customer ability to rent and/or purchase equipment, services, and supplies on a credit account.

Guarantor's Signature: _____

Guarantor's Signature: _____

Print Guarantor's Name: _____

Print Guarantor's Name: _____

Address: _____

Address: _____

SSN: _____ DOB: ___/___/___

SSN: _____ DOB: ___/___/___

Witness Signature: _____

Witness Signature: _____

Print Witness Name: _____

Print Witness Name: _____

Date: ___/___/___

Date: ___/___/___