

# CREDIT APPLICATION



**Dear Client:**

In response to your request for credit to be extended to your organization, please fill out the following information and return by fax or mail to the address below.

Please attach at least three references, including your bank, contact names, phone and fax numbers.

Organization Name: [ ] Address: [ ]  
Phone number: [ ] [ ]  
Fax number: [ ] [ ]  
Type of Organization:  Corporation  Limited  Partnership  Proprietorship  Non-Profit  Individual  
Federal ID#: [ ] Incorporation Year: [ ] State Incorporated: [ ]  
Credit Amount Requested: [ ] Tax Exempt: Yes  No  (If yes, attach exemption form)  
Purchase Order required? Yes  No  Accts Payable Representative: [ ]  
Phone Number: [ ] Fax Number: [ ] AP Email: [ ]

**TERMS:** Customer agrees to Credit Terms; payment on receipt, but no longer than 30 days. Outstanding balances are subject to 1 ½ % per month interest. Applicant agrees to pay any collection costs incurred to collect the account balance, including court costs, collection fees and attorney's fees of not less than 33% of the unpaid principal, plus interest. As an inducement to grant credit, the undersigned agrees to the need for verification of all information on this application and authorizes, and releases all banks, businesses and persons identified on this application to furnish any and all information requested by telephone or written correspondence whichever is company requested. The undersigned warrants that the information is true and correct. As an inducement to grant credit, the undersigned further agrees that the company has the right to obtain the credit history of the undersigned and authorizes the release of such information by signature here.  
The undersigned will  will not  submit a Financial Statement if requested.

(Print Name) [ ] (Signature) [ ] (Title) [ ] (Date) [ ]

**PERSONAL GUARANTEE:** The undersigned in consideration for the extension of credit to said applicant, hereby agrees to the above terms and conditions and to personally guarantee all liabilities and responsibilities for payment of the corporation's account and further guarantees payment of any monies that become due in accordance with the above terms and conditions. I also understand that credit may not be extended to the named corporation without this personal guarantee by the signator.

(Signature) [ ] (Date) [ ]

Please email to your Sales Representative. TentCraft Sales Rep: [ ]