

## 2340 Mulberry Wire Road P.O. Box 596 Mulberry, Arkansas

## **Application for Credit**

This form is to be filled out by any and all new customers, signed by the responsible officer of that company, and returned to Sealtite of Arklahoma, at the above address. Please be sure that you fully understand all of the information on this application, and that you are willing to comply with all of the terms contained herein. If you should have any questions with respect to this application, please contact us at (479)997-2449 before completing this form.

Name of account:			
Principal/Principals	of Company:		
Phone:	Fax:	E-mail:	
Billing Address:			
Ship to Address (If I	Different):		
Tax Exempt: Yes	No Exempt #:		
If "Yes", a tax exen	nption certificate must accon	pany this sheet.	
Federal I.D. Number	<u>:</u>		
Are you, Sole Propri	etor Incorporated o	r Limited Liability Co?	
Do you have a Contr	actor's license? Yes No		
Purchaser's Activity	<u> </u>		
What year was your	business established?:		
DUNS #:			
Does your company	use a purchase order system?	Yes No	
Preference mode for	delivery of invoices:		
Email:		<u></u>	
Fax:		<u></u>	
Mail:			

## \*\*\*References\*\*\*

1. Name:	2. Name:	
Address:	Address:	
Tel:Fax:		Fax:
3.Name:	4. Name:	
Address:	Address:	
Tel:Fax:		Fax:
I authorize the following person, or persons SealTite Arklahoma, LLC. Authorized nam	ne(s) of person(s) signing	g invoices:
Accounts Payable Individual:		
Name (Please Print):	Phone #:	EXT #:
Address if different from business address:		

## \*\*\* Terms and Conditions \*\*\*

- 1. <u>"Due Date"</u> The due date will be clearly marked on each invoice. **Unpaid balances not received by the due date stated on the invoice/invoices will incur Finance Charges.**
- 2. <u>"Finance Charge"</u> A finance charge of 1 ½% per month (18% per annum) will be assessed on any open balance after the due date.
- 3. SPECIAL ORDER MATERIAL IS NON-RETURNABLE.

\*\*\*Please note\*\*\*

If there is a question about your bill, or you need additional information, our billing department should be notified immediately so that we can address your concerns promptly.

I agree to be liable for any unpaid amounts on this account according to all terms and conditions contained herein. I authorize Sealtite to investigate my personal credit and financial records, including my banking records I understand that Sealtite or its agent may request my personal credit bureau report in considering this application, and for the purpose of an update, renewal, extension of credit, review or collection of this account.

In consideration of Sealtite extending credit to applicant under the terms of this agreement, I agree to personally guarantee payment of the debt, including any reasonable attorney's fees, arbitration, and court of other collection costs as permitted by law and as incurred. In the event of any default, I agree that Sealtite can enforce this guarantee without first proceeding against the applicant, until governing agreement has been terminated and all amounts due have been paid. I waive all notice regarding the governing agreement and this guarantee. I agree to guarantee payment even if the terms of the governing agreement are changed. I understand that any negative information including failure to make required payments on the account may be reported to the appropriate reporting agency.

Company Authorized Representative Signature	(Please Print)	Date
Present Home Address:		
Home Tel.:Date	e of Birth:	
Social Security #:		
: Company Use:		
Company Ose.  APPROVED BY SEALTITE OF ARKLA	HOMA, LLC.	
	Authorized Represei	