

CREDIT APPLICATION

I (we) do hereby apply for extension of credit. The following information is submitted in confidence.

Legal Name of Company: _____

BILL TO: _____ **CITY/STATE:** _____ **ZIP:** _____

PHONE: _____ **FAX:** _____ **CONTACT NAME:** _____

SHIP TO: _____ **CITY/STATE:** _____ **ZIP:** _____

PHONE: _____ **FAX:** _____ **CONTACT NAME:** _____

YEAR ESTABLISHED: _____ CORPORATION PARTNERSHIP PROPRIETORSHIP LLC

PRINCIPLE OWNER ACCOUNT AGREEMENT

IN CONSIDERATION OF ABCO WHOLESALE SUPPLY OR ANY OF ITS AFFILIATES (COLLECTIVELY,AWS) AGREEING TO SELL GOODS ON OPEN ACCOUNT TO I/WE, THE UNDERSIGNED, JOINTLY AND SEVERALLY, HEREBY PERSONALLY GUARANTEE PAYMENT OF ANY AND ALL AMOUNTS AS MAY HEREAFTER BE OWED TO ABCO WHOSALE SUPPLY, WHETHER OR NOT SUCH AMOUNTS EXCEED STATED CREDIT LIMITS, AND OF ALL (LEGAL) FEES AND EXPENSES INCURED BY ABCO WHOLESALE SUPPLY IN THE COLLECTION THEREOF. THIS SHALL BE A CONTINUING UNCONDITIONAL PERSONAL GUARANTEE AND OBLIGATES ME/US WITH AND TO THE SAME EXTENT AS BUYER, AND THESE OBLIGATIONS SHALL BE BINDING ON THE HEIRS, ADMINISTRATORS, SUCCESSORS AND ASSIGNS OF THE UNDERSINGED. THE UNDERSIGNED EXPRESSLY WAIVE NOTICE OF ACCEPTANCE OF THIS GUARANTEE, AND PROMPTNESS, PRESENTMENT, DEMAND, PROTEST AND NOTICE OF DISHONOR OF OBLIGATIONS HEREBY GUARANTEED. IWEE AUTHORIZE ABCO WHOLESALE SUPPLY TO OBTAIN ANY PERSONAL CREDIT INFORMATION ABOUT BUYER OR GUARANTOR FROM AN ENTITY.

PRINT NAME	SIGNATURE	DATE
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

This company is PRINCIPALLY engaged in the resale of (check all that apply):
MUST FAX IN A COPY OF YOUR RESALE CERTIFICATE (SALES TAX EXEMPTION)

DUN & BRADSTREET # (if applicable) : _____

Please list only accounts with which you have CURRENT open credit terms (no COD)

MAJOR TRADE SUPPLIERS*	* ACCT. #	TELEPHONE	FAX
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

THIS APPLICATION MUST BE SIGNED BY AN OFFICER OR PRINCIPAL OF THE COMPANY IN ORDER TO BE PROCESSED.

SIGNATURE: _____ **PRINTED NAME:** _____

TITLE _____ **DATE** _____

BANK AUTHORIZATION

AbCo Wholesale Supply Manager: _____ **ATTN:** _____

BANK NAME: _____ **PHONE/FAX:** _____

BANK ADDRESS _____ **CITY/STATE/ZIP:** _____

TO BANK PERSONNEL: FOR THE PURPOSE OF ESTABLISHING AN OPEN ACCOUNT WITH AbCo Wholesale Supply, WE HEREBY AUTHORIZE YOU TO RELEASE INFORMATION ON OUR COMMERCIAL ACCOUNTS.

CHECKING ACCOUNT NUMBER: _____

AUTHORIZED BY (SIGNATURE HERE): _____ **PRINTED NAME:** _____

COMPANY NAME: _____ **DATE:** _____

