



**APPLICATION FOR CREDIT**

COMPANY NAME \_\_\_\_\_ DATE ESTABLISHED \_\_\_\_\_  
 MAILING ADDRESS \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ BUSINESS FAX \_\_\_\_\_  
 SHIPPING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_  
 STATE \_\_\_\_\_ ZIP \_\_\_\_\_ TYPE OF BUSINESS \_\_\_\_\_  
 WEBSITE \_\_\_\_\_ E-MAIL \_\_\_\_\_  
 BUSINESS OWNERSHIP: \_\_\_\_\_ SOLE PROPRIETORSHIP \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ CORPORATION  
 IS BUSINESS INCORPORATED? \_\_\_\_\_ IF SO, UNDER WHAT STATE \_\_\_\_\_  
 BUSINESS LICENSE # \_\_\_\_\_ CONTRACTOR LICENSE # \_\_\_\_\_  
 EIN NUMBER \_\_\_\_\_ DUNS NUMBER \_\_\_\_\_

**SALES TAX STATUS**

TAX EXEMPT: \_\_\_\_\_ NO \_\_\_\_\_ YES \_\_\_\_\_ IF YES, A SIGNED TAX EXEMPT CERTIFICATE MUST BE ON FILE

**OWNERS & OFFICERS**

NAME \_\_\_\_\_ NAME \_\_\_\_\_  
 TITLE \_\_\_\_\_ TITLE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ ADDRESS \_\_\_\_\_  
 CITY, STATE, ZIP \_\_\_\_\_ CITY, STATE, ZIP \_\_\_\_\_  
 PHONE \_\_\_\_\_ PHONE \_\_\_\_\_  
 SOCIAL SECURITY # \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

**CONTACTS**

Purchasing Agent	Accounts Payable
NAME _____	NAME _____
PHONE _____	PHONE _____
EMAIL _____	EMAIL _____
Store Manager	Service Manager
NAME _____	NAME _____
PHONE _____	PHONE _____
EMAIL _____	EMAIL _____

Mailing Address: Post Office Box 1 ♦ Harrisburg, North Carolina 28075  
 Warehouse Address: 4340 Motorsports Drive SW Concord, North Carolina 28027  
 Phone: 704-786-7785 Fax: 704-788-6702

## BANK INFORMATION

BANK NAME \_\_\_\_\_ CONTACT \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_ ACCOUNT NUMBER \_\_\_\_\_

DO YOU PLEDGE OR BORROW ON YOUR ACCOUNTS RECEIVABLE \_\_\_\_\_

IF YES, FROM WHOM \_\_\_\_\_

## TRADE REFERENCES

NAME \_\_\_\_\_ NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_ CITY, STATE, ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_ EMAIL \_\_\_\_\_

## TERMS OF SALE

Net 30 days from date of invoice to customers with approved credit. Past due accounts will be COD. All past due balances will be subject to a service charge of 1 1/2 % per month. In the event of default in payment, any and all reasonable incurred collection and attorney fees and court costs will be added to the balance. Everything stated in this application is true and correct, and I authorize Appatek Industries, Inc. to request credit related information from trade references, bank references and/or credit reporting agencies or bureaus.

\_\_\_\_\_  
NAME TITLE DATE

## PERSONAL GUARANTEE AGREEMENT

IN CONSIDERATION OF APPATEK INDUSTRIES, INC. AGREEING TO SELL GOODS ON OPEN ACCOUNT TO \_\_\_\_\_ ("BUYER"), I/WE, THE UNDERSIGNED, JOINTLY AND SEVERALLY, HEREBY PERSONALLY GUARANTEE PAYMENT OF ANY AND ALL AMOUNTS AS MAY HEREAFTER BE OWED TO APPATEK INDUSTRIES, INC. BY BUYER, WHETHER OR NOT SUCH AMOUNTS EXCEED STATED CREDIT LIMITS, AND OF ALL LEGAL FEES AND EXPENSES INCURRED BY APPATEK INDUSTRIES, INC. IN THE COLLECTION THEREOF. THIS SHALL BE A CONTINUING UNCONDITIONAL PERSONAL GUARRANTY 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 UNDERSIGNED. THE UNDERSIGNED EXPRESSLY WAIVE NOTICE OF ACCEPTANCE OF THIS GUARANTEE, AND PROMPTNESS, DEMAND, PROTEST, AND NOTICE OF DISHONOR OF OBLIGATIONS HEREBY GUARANTEED. I/WE AUTHORIZE APPATEK INDUSTRIES, INC. TO OBTAIN ANY PERSONAL CREDIT INFORMATION ABOUT BUYER OR GUARANTOR FROM ANY ENTITY.

GUARRANTEED BY: \_\_\_\_\_ DATE \_\_\_\_\_

GUARRANTEED BY: \_\_\_\_\_ DATE \_\_\_\_\_