



Excellence is our standard.

# Confidential Credit Application

## Firm Information

Firm Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Shipping Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Type of Firm:  Corporation  Partnership  Proprietorship Yrs. in Business: \_\_\_\_\_  
 Name of Officers, Partners, and/or Owners: \_\_\_\_\_

Tax number if exempt \_\_\_\_\_ (If tax exempt, please include a copy of your Tax Exempt Certificate.)

Person responsible for Account Payable \_\_\_\_\_ E-mail address: \_\_\_\_\_

Is a purchase order required?  Yes  No

## Bank Information

**\* In order to expedite processing, if possible please include fax numbers on all references. \***

Bank Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Person to Contact: \_\_\_\_\_  
 Checking Account Number: \_\_\_\_\_ Savings Account Number: \_\_\_\_\_  
 Loan Number: \_\_\_\_\_  Secured  Unsecured  
 Loan: \_\_\_\_\_

## Business References

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
 Person to Contact: \_\_\_\_\_ Account #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
 Person to Contact: \_\_\_\_\_ Account #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
 Person to Contact: \_\_\_\_\_ Account #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
 Person to Contact: \_\_\_\_\_ Account #: \_\_\_\_\_

*Solely for the purpose of their assessing this application for credit, applicant hereby gives permission to FORMETCO, INC. to obtain verification and the status of the applicant's financial assets through the above listed reference(s). The applicant agrees to pay Formetco's collection and legal expenses incurred if full remittance is not made within established payment terms.*

Date Signed	Federal Tax ID#	Signature of Officer of Applicant Corp.	Please Print Name
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### PERSONAL GUARANTEE

*The undersigned hereby personally guarantees payment of all indebtedness now due or which may hereafter become due by applicant to Formetco*

Date Signed	Social Security #	Signature of Individual Guarantor Must be an Officer of the Corporation	Please Print Name
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The applicant and Individual Guarantor agree that any dispute arising out of the failure of applicant to pay any invoice or bill to Formetco shall be governed by the laws of the State of Georgia and that Formetco may enforce its rights against applicant, Individual Guarantor, or both arising out of such failure in any county in the State of Georgia. Applicant and Individual Guarantor hereby consent to the jurisdiction and venue of any Georgia court.

**Please return credit application to: Formetco, INC. P.O. BOX 1989, Duluth, GA 30096 • Fax: 800-742-2354**