

## SANDERS SUPPLY, INC. CONFIDENTIAL CREDIT APPLICATION

Select Location:

<input type="checkbox"/> Hot Springs Plum	<input type="checkbox"/> Benton	<input type="checkbox"/> Batesville	<input type="checkbox"/> North Little Rock	<input type="checkbox"/> Nashville, TN
<input type="checkbox"/> Hot Springs HVAC	<input type="checkbox"/> Fort Smith	<input type="checkbox"/> Harrison	<input type="checkbox"/> Stillwater, OK	
<input type="checkbox"/> Russellville	<input type="checkbox"/> Jonesboro	<input type="checkbox"/> Springdale	<input type="checkbox"/> Melbourne, FL	

Business Name: \_\_\_\_\_ Date: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Business Segments (Check all that apply):  HVAC  Plumbing  Electrical  Builder  Distributor  Showroom  
 Other (Property Management/School/Church/Business/Hospital/Etc.)

Business Breakdown:  Changeout \_\_\_\_\_%  Service \_\_\_\_\_%  Residential New Const \_\_\_\_\_%  Commercial \_\_\_\_\_%

Type of Business:  Corporation  Sole Proprietor  Municipality  Partnership

Plum License #: \_\_\_\_\_ HVAC License #: \_\_\_\_\_ Elect License #: \_\_\_\_\_

Purchases taxable?  Yes  No If no, completed tax exemption certificate must be attached or sales tax will be charged.

Estimate of monthly purchases: \_\_\_\_\_ Estimate of yearly purchases: \_\_\_\_\_

Is purchase order required? \_\_\_\_\_ Amount of credit requested: \_\_\_\_\_

Business building is:  Owned  Rented/Leased Rented/Leased from: \_\_\_\_\_

Are there any past due taxes owed by applicant to taxing authorities?  Yes  No

Has a tax lien or civil suit been filed against applicant or any of its owners, principals, partners, officers, or directors within the past six years?  Yes  No

Is applicant or any of its owners, principals, partners, officers, or directors a guarantor or endorser of debts owed by others?  Yes  No

Has applicant or any of its owners, principals, partners, officers, or directors ever filed bankruptcy or been adjudged bankrupt?  Yes  No If yes, when? \_\_\_\_\_

Year business started: \_\_\_\_\_

If in business less than one year, name and address of previous employer or previous business:

\_\_\_\_\_  
 Name and phone number of person responsible for paying bills: \_\_\_\_\_

ATTACH A COPY OF MOST RECENT FINANCIAL STATEMENT OR INCOME TAX RETURN.

### SUPPLIER REFERENCES

Name	Address	Phone	Fax
1.			
2.			

### BANK REFERENCES

Name	Address	Phone	Contact Officer
1.			

Account Number: \_\_\_\_\_ Type of Account: \_\_\_\_\_

### OWNER(S), PARTNERS, OR CORPORATE OFFICERS

Name	Title	Address	Phone	Soc. Sec. No
1.				
2.				
3.				

**COMPLETE BACK OF FORM AND SIGN WHERE INDICATED**

**CREDIT TERMS AND CONDITIONS OF SANDERS SUPPLY, INC.**

In consideration of the extension of credit by Sanders Supply, Inc. (hereafter referred to as Sanders), the undersigned agrees:

1. To pay the balance of the account in full on the designated date following the date of purchase.
2. To pay service charges on any delinquent amounts at the maximum rate prescribed by state law.
3. To pay all reasonable charges for collection, including attorney fees and court costs, if the account is placed with an attorney or collection agency.
4. That standard terms and conditions set forth on invoices shall govern all sales to the undersigned.
5. That in the event a legal action is commenced solely to enforce any of the terms of purchase or obligations created hereby or hereinafter, the legal action will be commenced in, and the proper place of trial therefore shall be, a court of competent jurisdiction in the county in which the distributing warehouse is located.
6. To provide Sanders with a list of parties authorized to charge on the account. If no list is provided, undersigned agrees that Sanders may rely upon all reasonable representations of persons representing themselves to be authorized agents with authority to make purchases against the account.
7. To inform Sanders immediately of any changes in this information or in my/our financial status or my/our interest or position in any partnerships or corporations which purchase materials from Sanders.
8. To authorize any of the bank or trade references listed in this application to provide Sanders with any and all information requested.

By signing below, the undersigned acknowledges, accepts, and agrees to Sanders terms and conditions and certifies that the information given herein is true and correct.

COMPANY NAME \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

FEDERAL I.D. NUMBER \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

**CONTINUING GUARANTEE**

In consideration of Sanders extending credit hereunder, the undersigned personally, jointly, and severally and unconditionally guarantee and promise to pay Sanders on demand, any and all indebtedness of the above-named applicant to Sanders. This is a continuing guarantee and the obligations created hereby are unaffected by any change in the terms of the original indebtedness between Sanders and above-named applicant, save that of payment. This guarantee shall continue in effect until the undersigned has notified Sanders in writing of its cancellation, but such cancellation shall not alter any obligation of the undersigned prior to receipt of such written notice.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Note: In the event that Sanders offers extension of credit to the above-named credit applicant and/or guarantors on the above terms or in any other terms agreed to by said applicant and Sanders, said extension of credit is issued pursuant to the information and financial representations made herein by said applicant and or said guarantors.

**ALL INFORMATION ON THIS APPLICATION WILL BE TREATED AS STRICTLY CONFIDENTIAL.  
THANK YOU.**

**SANDERS SUPPLY, INC.  
PO BOX 1545  
HOT SPRINGS, AR 71902**