



600 SOUTH 7TH ST., P.O. BOX 819, FORT SMITH, AR 72902
PHONE: 479-782-9060 FAX: 479-782-0640 WATS: 800-323-8806

APPLICATION FOR CREDIT

DATE: CREDIT LIMIT REQUESTED:

NAME:

MAILING ADDRESS: CITY: STATE: ZIP:

SHIPPING ADDRESS: CITY: STATE: ZIP:

PHONE: FAX:

PERSON TO BE CONTACTED: YEAR BUSINESS ESTABLISHED:

TYPE OF BUSINESS: SALES TAX PERMIT NO.: (If non-taxable, copy of permit is required)

NAME OF OWNER(S) OF OFFICERS AND TITLE

IF YOUR COMPANY IS A CORPORATION, ARE YOU A SUBSIDIARY OR DIVISION OF ANOTHER ENTITY?

IF YES, PLEASE INDICATE NAMES:

BANK USED:

NAME ADDRESS PHONE CONTACT

TRADE REFERENCES:

NAME ADDRESS CITY STATE PHONE

1

2

3

4

IT S IMPORTANT THAT WE RECEIVE DETAILED FINANCIAL DATA. PLEASE ATTACH A COPY OF YOUR LATEST YEAR END FINANCIAL STATEMENT.

SIGNED: DATE:

(SEE REVERSE PAGE)



600 SOUTH 7TH ST., P.O. BOX 819, FORT SMITH, AR 72902
PHONE: 479-782-9060 FAX: 479-782-0640 WATS: 800-323-8806

APPLICATION FOR CREDIT

PLEASE SIGN BENEATH EACH PARAGRAPH

I understand that the Information furnished to you on the reverse side hereof, is for the purpose of obtaining credit information from your firm. I fully understand your credit terms and agree to your payment terms. I am authorized, in my capacity, to bind my firm accordingly. That all accounts or monies due shall be due and payable at your business. That all past accounts, notes, judgement or legal fees shall automatically draw interest at the rate of ten percent (10%) per annum.

NAME (Please Print)

SIGNATURE

TITLE

In consideration of credit being extended to the aforementioned firm, I personally guarantee all indebtedness hereunder. I further agree that this guaranty is an absolute, completed and continuing one and no notice of the indebtedness or any extension of credit already or hereafter contracted by or extended need be given. The terms may be re-arranged, extended and/or renewed without notice to me. That I will, within ten days from date of notice that the account is past due, pay the amount due.

NAME (Please Print)

HOME PHONE

SOCIAL SECURITY #

HOME ADDRESS

CITY

STATE

ZIP

SIGNATURE