

FOR OFFICE USE:

TM NAME _____
STORE _____
CREDIT LIMIT _____
CHECK CASHING ONLY _____

PAINTERS SUPPLY & EQUIPMENT CO.

PO BOX 1477

TAYLOR MI 48180-5877

(734)946-8119 FAX (734)946-8094

TERMS: NET 10th

CREDIT APPLICATION

The undersigned makes application to Painters Supply & Equipment Co. with the understanding that any credit commitment made by Painters Supply & Equipment Co. may be withdrawn by same at any time without incurring any liability or obligation to the undersigned customer

BUSINESS FULL LEGAL NAME _____

DBA NAME _____

Street Address _____ City _____ State _____ Zip _____

Billing Address _____ City _____ State _____ Zip _____

Business Phone () _____ Fax () _____

Nature of Business _____ Number of years _____

Estimated Monthly Purchases \$ _____

Type of Business: Proprietorship _____ Partnership _____ Corporation _____ State of Incorporation _____

President _____ Treasurer _____ Secretary _____

OWNERS INFORMATION

Name _____ Social Security # _____

Address _____ PO Box _____

City _____ State _____ Zip _____

Home Phone () _____ DOB _____ Driver Lic # _____

CREDIT INFORMATION

Name of bank _____ Phone # () _____

Address _____ City _____ St _____ Zip _____

Checking Account # _____ Savings Account # _____

TRADE REFERENCES

1. Name _____ Ph # () _____ Account # _____

Address _____ City _____ St _____ Zip _____

2. Name _____ Ph # () _____ Account # _____

Address _____ City _____ St _____ Zip _____

3. Name _____ Ph # () _____ Account # _____

Address _____ City _____ St _____ Zip _____

VERIFICATION AND PERSONAL GUARANTEE

The above information is for the purpose of obtaining credit and is warranted to be true. I/We hereby authorize Painters Supply & Equipment Co. to investigate our credit history, bank references, and any information deemed necessary to extend credit. In consideration of Painters Supply & Equipment Co., or it's affiliates, extending credit to the above business, I/We hereby guarantee jointly and individually, to pay for all goods, wares and merchandise supplied to me or to any of us or the above business. Also, monthly finance charges at the rate of 1.5% will be charged for any unpaid amount(s) beyond 30 days from specified times. In the event that the account is placed with a third party for collection, I/We agree to pay all costs including reasonable attorney fees, court costs and finance charges.

Signature _____

Signature _____

Date _____

Date _____