

Green Supply, Inc.

Robert L. Green
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CUSTOMER CREDIT APPLICATION

Business Information

Full Legal Name of Business _____

Full Trade Name of Business _____

Mailing Address of Business _____

Street Address of Business (No P.O. Box) _____

City _____ State _____ Zip _____

Telephone Number _____

Fax Number _____ E-mail Address _____

What is the purpose of your business (what do you do)? _____

How long has your business been in existence? _____

Personal Information

Name of individual in charge of business (Last, First, Middle, Suffix) _____

Social Security Number of individual _____

Residential address of individual _____

How long have you lived at above residence? _____

If less than three years, list previous address _____

Drivers License Number _____

Position Held within the Business _____

General Information

What is the credit limit you are requesting? _____

What is your anticipated monthly volume? _____

Are you purchasing for resale? _____

Who do we contact if there is a problem with an invoice? Name: _____

Phone Number: _____

Who is the authorized purchaser for your business? _____

Reference Information

Bank Reference

Name and Branch of Business Bank _____
Contact Person at the Bank _____
Phone Number of Branch _____
Account Number with Bank _____

Trade References (list 4 or 5)

1. Company Name _____ Account Number _____
Phone Number _____ Fax Number _____
Contact Person _____
2. Company Name _____ Account Number _____
Phone Number _____ Fax Number _____
Contact Person _____
3. Company Name _____ Account Number _____
Phone Number _____ Fax Number _____
Contact Person _____
4. Company Name _____ Account Number _____
Phone Number _____ Fax Number _____
Contact Person _____
5. Company Name _____ Account Number _____
Phone Number _____ Fax Number _____
Contact Person _____
6. Company Name _____ Account Number _____
Phone Number _____ Fax Number _____
Contact Person _____

**** INCLUDE FINANCIAL STATEMENT WITH APPLICATION ****

CREDIT APPLICATION
COMPLETE THIS SECTION ONLY IF REQUESTING OPEN ACCOUNT FOR BILLING!!!

TERMS AND CONDITIONS

1. Payment terms are net due from date of invoice.
 2. All amounts not paid as agreed herein shall accrue interest at the rate of 1 1/2 % per month (18% per Annum) or the highest permissible rate by law, whichever is less.
 3. Applicant agrees to pay a service charge of \$25.00 for each check returned unpaid.
 4. In the event of default of payment of any amount due hereunder, and if the account is placed with an outside attorney for collection, Applicant agrees to pay all reasonable collection costs, attorney fees and court costs.
 5. No returns will be accepted without prior return authorization number.
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In order to induce Green Supply, Inc. to grant me credit, I give permission for my credit to be checked as required for that purpose.

Owner of Business _____ Date _____

Joint Owner of Business _____ Date _____

PERSONAL GUARANTEE

I hereby agree to pay Green Supply, Inc. all indebtedness now or hereafter owing by me to said company, whether individually, partnership or corporation. In consideration of Green Supply, Inc. extending credit to the above applicant, the undersigned does hereby individually and personally guarantee the sum or sums of money as may at anytime hereafter become due from the said applicant for goods sold to the applicant whether said indebtedness be in the form of notes, bills or open account. If it becomes necessary to enforce this guarantee by suit, I agree to pay interest and attorney fees as allowed by law.

Date _____ Signature of Owners x _____

Date _____ Signature of Owners x _____

Office Use Only

Customer # _____ App. For: OA _____ Co. Check _____

Date Received _____ Date Sent _____

Approved By _____ For _____

Date _____