



Confidential Credit Application

ACCOUNT # \_\_\_\_\_

DATE \_\_\_\_\_

(PLEASE PRINT IN INK OR TYPE. FORM MUST BE FILLED OUT IN ITS ENTIRETY TO BE CONSIDERED)

LEGAL BUSINESS NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

Legal Status: \_\_\_ CORPORATION \_\_\_ PROPRIETORSHIP \_\_\_ PARTNERSHIP \_\_\_ LLC FEIN # \_\_\_\_\_ - \_\_\_\_\_

Business Type: \_\_\_ BUILDER \_\_\_ PROPERTY MANAGER \_\_\_ PRODUCT RESELLER RESALE CERT # \_\_\_\_\_

DATE BUSINESS ESTABLISHED: \_\_\_\_\_ UNDER PRESENT OWNERSHIP SINCE: \_\_\_\_\_ DUNS # \_\_\_\_\_

Table with 4 columns: Officer Name, Title, Address/City/State/Zip, Phone. Three rows of empty fields.

Trade References (List 3 from which you purchase under an open credit basis)

Table with 4 columns: Name, Address/City/State/Zip, Phone, Fax. Three rows of empty fields.

Bank Reference (Any fees charged by the bank to acquire a reference are the responsibility of the applicant)

NAME: \_\_\_\_\_

BUSINESS ACCOUNT NO. 1: \_\_\_\_\_ BUSINESS ACCOUNT NO. 2: \_\_\_\_\_

OFFICER NAME: \_\_\_\_\_

ADDRESS/CITY/STATE/ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

Terms: All indebtedness incurred by the applicant for merchandise or services furnished by Abt shall be paid in full within 30 days of receipt of such merchandise or service. Service charge of 1.5% per month (18% annually) on unpaid balances past due. Accounts 60 days past due will be placed on C.O.D. All NSF checks shall incur a charge of \$25 plus collection costs. INITIAL TERMS

I HAVE READ, UNDERSTAND AND ACCEPT THE ABOVE TERMS, AND HAVE PROVIDED TRUE INFORMATION TO THE BEST OF MY KNOWLEDGE. I FURTHER AUTHORIZE ABT ELECTRONICS TO VERIFY ANY AND ALL REFERENCES WE HAVE GIVEN THAT MAY BE REQUIRED FROM TIME TO TIME IN ABT ELECTRONICS' DISCRETION TO DETERMINE OUR CREDIT CAPABILITIES. I AUTHORIZE ABT ELECTRONICS TO REQUEST RELEVANT INFORMATION FROM TIME TO TIME FROM CREDIT REPORTING AGENCIES. I ACKNOWLEDGE THAT ABT ELECTRONICS IS RELYING ON THE INFORMATION PROVIDED HEREIN IN MAKING ITS DECISION TO EXTEND CREDIT TO THE APPLICANT. IT IS ALSO UNDERSTOOD CREDIT IS PERMITTED AT ABT'S DISCRETION AND THAT THIS CREDIT AVAILABILITY MAY BE TERMINATED AT ABT'S DISCRETION WITHOUT NOTICE.

Applicant

PRINT NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

TITLE OF AUTHORIZED OFFICER: \_\_\_\_\_ DATE: \_\_\_\_\_

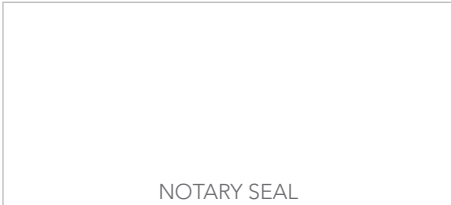
**Personal Guarantee**

In consideration of any credit extended, I (we or either of us) will individually/jointly and severally, personally guarantee full and prompt payment of indebtedness by the applicant incurred for merchandise and services furnished by Abt Electronics, plus service charges and collection costs where applicable. This personal guarantee shall remain in force and effect until such time that Abt Electronics acknowledges its termination in writing. Such termination shall not effect indebtedness incurred prior to receipt of written termination notice to Abt Electronics.

Individual

SIGNATURE: \_\_\_\_\_ TITLE: \_\_\_\_\_

SS#: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ DATE: \_\_\_\_\_



Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ , \_\_\_\_\_

NOTARY PUBLIC: \_\_\_\_\_

*Please submit a photo I.D. copy for each personal guarantee.*

Individual

SIGNATURE: \_\_\_\_\_ TITLE: \_\_\_\_\_

SS#: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ DATE: \_\_\_\_\_



Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ , \_\_\_\_\_

NOTARY PUBLIC: \_\_\_\_\_

*Please submit a photo I.D. copy for each personal guarantee.*



# Bank Reference

DATE \_\_\_\_\_

BANK: \_\_\_\_\_ FAX #: \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**ATTENTION: Credit Reference/VOD Request**

CUSTOMER: \_\_\_\_\_ LOCATED AT: \_\_\_\_\_

PHONE #: \_\_\_\_\_

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## COMMERCIAL CHECKING/DEPOSIT ACCOUNTS

DATE OPENED: \_\_\_\_\_ AVERAGE BALANCE: \_\_\_\_\_ SATISFACTORY: \_\_\_\_\_

Account:  EXISTENCE OF NSF CHECKS ( \_\_\_\_\_ IN LAST 12 MONTHS)

**Loan Type:**

DATE OPENED: \_\_\_\_\_

LINE APPROVED: \_\_\_\_\_

PRESENT BALANCE: \_\_\_\_\_

PAYMENT SCHEDULE: \_\_\_\_\_

PAYMENT PERFORMANCE: \_\_\_\_\_

MATURITY / EXPIRATION DATE: \_\_\_\_\_

Security:  YES  NO

Endorsed or Guaranteed?

UCC Preferred:  YES  NO

Covenants in Compliance:  YES  NO

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DATE OPENED: \_\_\_\_\_

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PRESENT BALANCE: \_\_\_\_\_

PAYMENT SCHEDULE: \_\_\_\_\_

PAYMENT PERFORMANCE: \_\_\_\_\_

MATURITY / EXPIRATION DATE: \_\_\_\_\_

Security:  YES  NO

Endorsed or Guaranteed?

UCC Preferred:  YES  NO

Covenants in Compliance:  YES  NO

Your prompt attention to the matter is helpful and appreciated. Your reply will be held in confidence and will only be used to help us arrive at a sound decision. Please FAX this information to me at \_\_\_\_\_.

**Customer Release completed by an authorized person on applicant's account:** Notice to Bank: You are hereby authorized and instructed to release all information relative to the performance of all our company account (checking, loans, etc.) with your bank, to Abt Electronics & Appliances. This Authorization will remain effective until revoked in writing.

APPLICANT NAME/TITLE: \_\_\_\_\_

AUTHORIZED SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_