

American Wallzone Supply
2520 Pelham Parkway
Pelham, AL 35124
Phone (205) 663-5553 Fax (205) 663-9701

Salesman: _____

Branch: _____

Application and Contract for Credit

Company Name _____

Mailing Address _____ City _____

State _____ Zip _____ Phone _____ Fax _____

How Long In Business _____ Description of Business _____

Individual Name _____ SSN# _____

Home Address _____ City _____

State _____ Zip _____ Home Phone _____

Cell Phone _____ Date of Birth _____

Email Address _____

Full Name of Officers, Partners, or Proprietors:

1) _____ Title _____

Address _____ Phone _____

2) _____ Title _____

Address _____ Phone _____

3) _____ Title _____

_Address _____ Phone _____

Credit References

Bank _____ Acct# _____ Phone _____

Bank _____ Acct# _____ Phone _____

Trade Ref. _____ Acct# _____ Phone _____

Trade Ref. _____ Acct# _____ Phone _____

Trade Ref. _____ Acct# _____ Phone _____

Bonding Company _____

General Information

Estimated Monthly Credit Line Desired \$ _____

Purchase Order Number Required: Yes ___ No ___ Job Name Required: Yes ___ No ___

State Sales Tax Exemption # _____

Federal Tax ID # _____

Exemption Status: Yes ___ No ___ Social Security Exemption Status: Yes ___ No ___

BY LAW: Sales tax will be charged unless Sales Tax Exemption Certificate is provided**

Provisions of Application and Contract
Between American Wallzone and the Undersigned

In consideration of open account credit terms with creditor, applicant agrees to all terms and conditions as set forth within these provisions. This applicant and information contained herein is a request for the extension of credit for commercial business only. **The undersigned certifies the applicant he/ she represents is doing business as a Corporation____, Partnership____, Sole Proprietorship____ or LLC____.** If applicant is a Partnership or Sole Proprietorship, it is a requirement of this contract that applicant notify creditor in letterform by certified mail should applicant incorporates. Any form of communication will not constitute a valid notification and applicant waives all rights thereto.

The applicant authorizes creditor to obtain a written or oral credit report from any credit reporting agency. The applicant authorizes any bank or commercial business with which the applicant has current or inactive experience to give any and all necessary information to the creditor which will assist creditor in the credit investigation. The applicant further authorizes the necessity to reinvestigate the applicant's credit status from time to time as the creditor deems necessary and should creditor upon such reinvestigation deem it necessary to limit or terminate the credit arrangement with applicant, said applicant will be notified in writing along with creditor's terms of sale. Should applicant deviate from creditor's terms of sale, said creditor reserves the right to terminate future extension of credit with applicant.

I also understand and agree to pay late fees/interest invoices, not in excess of that specified by law that will be assessed (on a monthly or part-month basis) if I do not pay within specified payment terms.

Signature_____ **Date**_____
Signature_____ **Date**_____
Witness_____ **Date**_____

For value received, I/ We personally guarantee the account of the above named applicant to creditor. In the event said account should become delinquent and be placed for collection, I/ We further guarantee to reimburse, indemnify and pay all reasonable cost, expense and/ or collection fee incurred in the collection of the aforementioned delinquency where collection is handled by a collection agency, commercial forwarder and / or an attorney.

Signature_____ **Date**_____
Signature_____ **Date**_____
Witness_____ **Date**_____