

## Credit Application

### Business Information

|                                      |                                      |                              |   |                                     |  |
|--------------------------------------|--------------------------------------|------------------------------|---|-------------------------------------|--|
| <b>Name of Business (DBA)</b>        |                                      |                              |   |                                     |  |
| <b>Corporate Name</b>                |                                      |                              | <b>Federal ID #</b>   |                                     |  |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Partnership | <input type="checkbox"/> LLP | <input type="checkbox"/> LLC  | <input type="checkbox"/> Non Profit | <input type="checkbox"/> Sole/Individual |
| <b>Owned</b>                         |                                      |                              |   |                                     |  |
| <b>Years in Business</b>             |                                      |                              | <b>Type of Business</b>   |                                     |  |
| <b>Street Address</b>                |                                      | <b>City</b>                  | <b>State</b>  | <b>Zip</b>                          |  |
| <b>Billing Address</b>               |                                      | <b>City</b>                  | <b>State</b>  | <b>Zip</b>                          |  |
| <b>Business Ph #</b>                 |                                      | <b>Accounts Payable #</b>    |   | <b>Fax #</b>                        |  |
| <b>Name of A/P Contact</b>           |                                      |                              | <b>Are Purchase Order Numbers Required</b> <input type="checkbox"/> Yes <input type="checkbox"/> No |                                     |  |

### Name and Address of Officers, Owners, or Other Responsible Parties

|                 |  |              |             |                |
|-----------------|--|--------------|-------------|----------------|
| <b>(1) Name</b> |  | <b>Title</b> | <b>SSN:</b> |                |
| <b>Address</b>  |  | <b>State</b> | <b>Zip</b>  | <b>Phone #</b> |
| <b>(2) Name</b> |  | <b>Title</b> | <b>SSN:</b> |                |
| <b>Address</b>  |  | <b>State</b> | <b>Zip</b>  | <b>Phone #</b> |

### Banking Information

|   |  |                     |
|---|--|---------------------|
| <b>Bank Name</b>  |  | <b>Phone #</b>      |
| <b>Account #</b>  |  | <b>Contact Name</b> |
| <b>Do you have borrowing relationship with this bank?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Account #</b> |  |                     |

### Bonding Company

|                     |  |                |                     |            |
|---------------------|--|----------------|---------------------|------------|
| <b>Company Name</b> |  | <b>Phone #</b> | <b>Contact Name</b> |            |
| <b>Address</b>      |  | <b>City</b>    | <b>State</b>        | <b>Zip</b> |

### List 3 Trade References with whom you have had Credit (Terms) for a Minimum of 1 Year

|                         |  |                    |
|-------------------------|--|--------------------|
| <b>(1) Company Name</b> |  | <b>Account #</b>   |
| <b>Contact Name</b>     |  | <b>Telephone #</b> |
| <b>(2) Company Name</b> |  | <b>Account #</b>   |
| <b>Contact Name</b>     |  | <b>Telephone #</b> |
| <b>(3) Company Name</b> |  | <b>Account #</b>   |
| <b>Contact Name</b>     |  | <b>Telephone #</b> |

### Read Before Signing

Customer is responsible for carrying commercial general liability insurance, with limits not less than **\$1,000,000 Each Occurrence** and in the aggregate for bodily injury and third party property damage including products and completed operations. Such coverage shall include a waiver of subrogation **and name the Company as an additional insured**. Such coverage shall be endorsed to provide coverage on a primary basis over other insurance.

**Customer will Provide Company with Certificates of Insurance** as evidenced above with the current coverage in types and amounts and from companies satisfactory to Company. **These insurance requirements are intended to cover the indemnity obligations under section 17 of this contract.**

#### Must be Signed by an Officer or Owner of the Company.

For the purpose of establishing credit with Support Unlimited, Inc. its subsidiaries, divisions and/of affiliates, the undersigned warrants the information listed on this application to be true, correct and complete to the best of his/her knowledge. The undersigned hereby authorizes Support Unlimited, Inc. its subsidiaries, divisions and/of affiliates to perform any credit investigation needed to verify the information contained in this application. The undersigned hereby agrees to the terms of Net 30 days unless otherwise agreed to in writing by Support Unlimited, Inc. its subsidiaries, divisions and/of affiliates. In the event of collection and/or legal action, applicant agrees to pay all costs and attorney fees and any and/or all judicial proceedings will take place in the judicial location of Support Unlimited, Inc.. Any balance over 30 days may be subject to a service charge of 2% interest per month (18% per annum). Any and/or all judicial proceedings

|                   |              |
|-------------------|--------------|
| <b>Signature</b>  | <b>Date</b>  |
| <b>Print Name</b> | <b>Title</b> |

**\* Please make sure your insurance Certificate submitted fit all requirements along with the above Application for Credit.\***