



INDUSTRIES, LLC.

1015 Norcross Industrial Court P.O. Box 262 Norcross, Georgia 30091 (770)-840-3480 Fax (770) 840-3488

CREDIT APPLICATION AND PERSONAL GUARANTEE

Please fax

Name of Business: _____ Date: _____

Street & Number: _____

City: _____ State: _____ Zip: _____ County: _____

Phone: _____ Fax: _____ FEIN#: _____

Individual Partnership Corporation LLC Years In Business: _____

Sales Tax Exempt? Yes No (If yes, attach certificate)

Bank Name & Address: _____

Bank Phone #: _____ Account#: _____

Principals/Owners

1. Name: _____

Residence: _____
(City) (State) (Zip)

Phone: _____ Email: _____

2. Name: _____

Residence: _____
(City) (State) (Zip)

Phone: _____ Email: _____

3. A/P Contact: _____ Phone: _____ Email: _____

FOR OFFICE USE ONLY:

SALESMAN #: _____

PL CODE: _____

BLK / PKG: _____

EST. MONTHLY \$: _____

Trade References

1. Name: _____ Phone: _____

Address: _____
(City) (State) (Zip) Fax: _____

2. Name: _____ Phone: _____

Address: _____
(City) (State) (Zip) Fax: _____

3. Name: _____ Phone: _____

Address: _____
(City) (State) (Zip) Fax: _____

Terms of sale, including terms of payment and charges, for each purchase are agreed to be those specified on the face of each invoice. The customer hereby agrees to pay all costs of collection or legal fees should action be necessary due to non-payment; i.e., attorney's fees, court costs, collection agency fees, etc. If payments are not made in accordance with the terms a service charge equal to one and one-half percent (1.5%) per month will be added to the unpaid balance. A charge of \$35.00 will be assessed on each returned NSF check.

The above information is willingly supplied and HALCO is free to contact the above bank and trade references in order to establish the creditworthiness of the above named applicant. I HAVE READ THE ABOVE CONDITIONS AND HEREBY AGREE TO THEM.

Applicant: _____ SSN: _____

Signature: _____ Date: _____

PERSONAL GUARANTEE: Notwithstanding the fact that this application may be executed in a corporate or representative capacity, each of the undersigned, for consideration, do hereby individually and personally guarantee the full and prompt payment of all indebtedness heretofore or hereafter incurred by the above business. This guarantee shall not be affected by the amount of credit extended or any change in the form of said indebtedness. Notice of extension of credit, modification in terms of payment, and any right or demand to proceed against the principal debtor is hereby waived. This guarantee may only be revoked by written notice. Any revocation does not revoke the obligation of the guarantors to provide prompt payment for indebtedness incurred prior to the revocation. The undersigned grants you permission to check their individual references and credit rating and obtain and exchange information regarding the credit records.

SIGNATURE OF GUARANTOR: _____ DATE: _____

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PLEASE FAX COMPLETED CREDIT APPLICATION TO 770-441-6265