

# ISGETT DISTRIBUTORS, INC.

Toll Free: 1-800-358-0080

Fax: 1-828-667-3076

## CREDIT APPLICATION

Corporation \_\_\_\_\_ Partnership \_\_\_\_\_  
Sole Proprietorship \_\_\_\_\_ Individual \_\_\_\_\_

NAME: \_\_\_\_\_  
OWNERS NAME: \_\_\_\_\_  
BUSINESS ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_  
COUNTY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
TELEPHONE NUMBER: (\_\_\_\_) \_\_\_\_\_ FAX NUMBER: (\_\_\_\_) \_\_\_\_\_  
TYPE OF BUSINESS: \_\_\_\_\_

### OFFICERS OF THE CORPORATION

PRESIDENT: \_\_\_\_\_ VICE PRESIDENT: \_\_\_\_\_  
SECRETARY: \_\_\_\_\_ TREASURER: \_\_\_\_\_  
MAIL STATEMENT TO: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ ATTENTION: \_\_\_\_\_

### CREDIT REFERENCES (Main Bank & Three Largest Suppliers)

<u>BANK / SUPPLIER NAME</u>	<u>ADDRESS</u>	<u>PERSON TO CONTACT</u>	<u>TELEPHONE NUMBER</u>

CERTIFICATE OF RESALE NUMBER: \_\_\_\_\_ STATE: \_\_\_\_\_  
FEDERAL TAXPAYER IDENTIFICATION NUMBER: \_\_\_\_\_ STATE: \_\_\_\_\_  
DUNS NUMBER: \_\_\_\_\_

I/WE HEREBY CERTIFY THAT THE INFORMATION PROVIDED IN THIS CREDIT APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I/WE AUTHORIZE A REPRESENTATIVE OF ISGETT DISTRIBUTORS TO CONTACT THE BANKS LISTED ABOVE AND THE ENTITIES LISTED AS CREDIT REFERENCES TO VERIFY THE CORRECTNESS OF THIS APPLICATION. I/WE FURTHER AGREE TO PROVIDE ISGETT DISTRIBUTORS WITH ALL CHANGES TO THE INFORMATION PROVIDED IN THIS CREDIT APPLICATION. I/WE FURTHER AGREE TO PAY 1 ½ % INTEREST PER MONTH ON ANY OUTSTANDING BALANCES DUE TO ISGETT DISTRIBUTORS AND TO PAY AN ATTORNEY'S FEE OF 15% OF THE OUTSTANDING BALANCE OWED TO ISGETT DISTRIBUTORS ON THIS ACCOUNT IF LEGAL ACTION OF ANY KIND SHOULD BE REQUIRED TO COLLECT ANY AMOUNT DUE ON THIS ACCOUNT.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE