

# CREDIT APPLICATION



SNUG SEAT, INC.

P.O. Box 1739, Matthews, NC 28106-1739, (704) 882-0668, Fax (704) 882-0751

Line of credit requested: \$ _____ Date: _____ Business Name: _____ (DBA): _____ Ship To Address: _____ _____ City: _____ State: _____ Zip: _____ Phone: _____ Fax: _____ Email: _____ How long at this address: _____ Prior Business Address: _____ _____	Federal Tax I.D. number: _____ Do you use Purchase Orders? _____ Resale Tax Number: _____ (Please attach copy of tax exemption certificate to application)
<hr style="border-top: 1px dashed black;"/> <b>Location which payables are handled if different from above:</b> Address: _____ _____ City: _____ State: _____ Zip: _____ Phone: _____ Fax: _____	<b>Please list names of officers and key contacts:</b> President: _____ Controller: _____ Purchasing Manager: _____ Sales Manager: _____ Ship/Receiving Manager: _____ Service manager: _____ <b>Accounts Payable Contact:</b> _____ Phone: _____ Fax: _____
<b>Ownership, Please circle one:</b> corporation    sole proprietor    partnership    individual other, please specify _____	Number of full time employees: _____ Date business established: _____ Has the firm or any of its principals ever declared bankruptcy? Please circle one:            YES            NO If yes, give date and please explain: _____ Approximate annual sales volume: _____
<b>If NOT a corporation, please list principal information below:</b>  Principal: _____ <div style="display: flex; justify-content: space-between; width: 100%;"> <span>(name)</span> <span>(title)</span> <span>(ss#)</span> <span>(home address)</span> </div> Principal: _____ <div style="display: flex; justify-content: space-between; width: 100%;"> <span>(name)</span> <span>(title)</span> <span>(ss#)</span> <span>(home address)</span> </div> Principal: _____ <div style="display: flex; justify-content: space-between; width: 100%;"> <span>(name)</span> <span>(title)</span> <span>(ss#)</span> <span>(home address)</span> </div>	

**Please Note: Credit applications are not processed unless accompanied by an order.**

**BANK REFERENCE**

(please complete the top portion before returning to Snug Seat, Inc.)

Bank Name: \_\_\_\_\_

Phone Number#: \_\_\_\_\_

Account Number: \_\_\_\_\_

Mailing Address (required): \_\_\_\_\_

I hereby authorize the above named bank to release the information requested by Snug Seat, Inc. pertaining to their experience with out account.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Company

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Sir or Madam:

The above account has applied to us for credit on Net 30 terms. As your name is listed on their credit application, we would appreciate having the results of your experience recorded in the form below. Please be assured that any information you provide to us would be held in strict confidence and used solely by our credit department.

A business reply envelope has been enclosed for your convenience.

Sincerely,

Jeannie Smith  
Credit Manager

\_\_\_\_\_  
Date

**Checking Account:**

Opening Date: \_\_\_\_\_

Closing Date: \_\_\_\_\_

Average Balance: \_\_\_\_\_

Active: \_\_\_\_\_ Inactive: \_\_\_\_\_

Overdrafts (last 6 months): \_\_\_\_\_

Experience: \_\_\_\_\_

**Borrowing Accomodations:**

High Credit: \_\_\_\_\_

Secured: \_\_\_\_\_

Unsecured: \_\_\_\_\_

Loans Outstanding: \_\_\_\_\_

Experience: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

Please list at least three trade references. FAX NUMBERS ARE PREFERRED. (Note - please **DO NOT** list: Aftermarket Group, Camp, E & J, Guardian, Invacare, Jobst, McKesson, Medline, Pride Healthcare, Quickie or Sunrise Medical as they do not respond to our inquiries.)

Name: _____	Name: _____
Address: _____	Address: _____
Phone: _____ Fax: _____	Phone: _____ Fax: _____
Account #: _____	Account #: _____
Name: _____	Name: _____
Address: _____	Address: _____
Phone: _____ Fax: _____	Phone: _____ Fax: _____
Account #: _____	Account #: _____

In support of this application, Snug Seat, Inc. is hereby authorized to obtain credit and/or financial information from my/our bank(s), other financial institutions or commercial firms with whom I/we have done business. It is understood that any such credit and/or financial information will be held in strict confidence and used only in consideration of this application.

Upon approval of this application, it is agreed that all purchases will be paid in full and in accordance with the terms of sale as stated on Snug Seat, Inc. invoice(s). Should I/we not pay, and should Snug Seat, Inc. find it necessary to obtain assistance in collecting any past due balance, I/we agree to pay interest at the rate of 1% per month, reasonable attorney fees, collection fees and/or court costs allowable by law, not to exceed thirty-three and one third percent. A copy of this statement and application has been received.

Any misrepresentation in this application will be considered evidence of fraud, since this information is the basis for the granting of credit.

As an inducement to grant credit, the undersigned warrants that the information submitted is true and correct.

Authorized Signature: _____	Title: _____	Date: _____
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**Personal Guarantee**

In consideration of credit being extended by Snug Seat, Inc. to the above named applicant for merchandise to be purchased whether the applicant be an individual or individuals, a proprietorship, a partnership, a corporation, or any other entity, the undersigned guarantor or guarantors each hereby contract and guarantee to Snug Seat, Inc. the faithful payment, when due, of all accounts of said applicant for the purchases made within five years next after the date of this application. The undersigned guarantor or guarantors each hereby expressly waive all notice of acceptance of this guarantee, notice of extension of credit to applicant, presentment, and demand for payment on applicant, protest and notice to undersigned guarantor or guarantors of dishonor or default by applicant or with respect to any security held by Snug Seat, Inc., extension of time of payment to applicant, acceptance of partial payment or partial compromise, all other notices to which the undersigned guarantor or guarantors might otherwise be entitled and demand for payment under this guarantee. Absent written permission by creditor, this personal guarantee may not be revoked.

Complete Name (Please Print)	
Signature _____	Date _____