

BUSINESS CREDIT APPLICATION

THE SERVANTS, INC., P.O. BOX 848, JASPER, IN 47547

Fax to: 812-634-2730

Ph. # 812-634-2201

Ext XXXXX

INTERNAL USE ONLY

INTERNAL USE ONLY

Web Account #:

TSR:

Section A - Instructions:

Please spend a moment and tell us about yourself. The information in this application will help us better serve your needs. Fill in all spaces as applicable. Incomplete applications may cause delays in approval. If you already have an account with The Servants, Inc. please fill out the spaces in SECTIONS A & B, sign and date sections F & G as applicable and send in the application with a completed resale or tax exempt certificate if you do not wish to be charged tax. If an active account in good standing is confirmed this may be all that is required to process the application.

company name

contact name and phone #

The Servants Assigned Acct #

Section B - Applicant Information:

BILL TO:

LEGAL NAME and DBA (if applicable):

STREET:

CITY, STATE, ZIP:

PHONE #:

FAX #:

SHIP TO: (if more than one attach sheet with additional locations)

SITE NAME:

STREET:

CITY, STATE, ZIP:

COMPANY'S INTERNET ADDRESS(ES):

PURCHASE ORDER / NET 30 TERMS REQUESTED

CREDIT LINE REQUESTED \$

FINANCIAL STATEMENTS ARE REQUIRED FOR ALL LINES OVER 20K

ESTIMATED YEARLY PURCHASES:

\$

A/P MGR OR A/P CONTACT NAME:

PHONE NUMBER & EXTENSION::

EMAIL ADDRESS:

SALES TAX #: (must attach signed certificate)

Section C - Business Information:

(Check all that apply)

CORPORATION: TYPE "S" TYPE "C" WHOLLY OWNED? YES NO & SUBSIDIARY OF _____ CITY _____
 PARTNERSHIP PROPRIETORSHIP OTHER: (please specify) _____

TYPE OF BUSINESS OR SIC CODE:

DUN & BRADSTREET DUNS #:

NUMBER OF EMPLOYEES:

YEAR STARTED IN BUSINESS:

FEDERAL ID#:

Section D - Bank and Trade Reference Information:

BANK NAME: CITY & STATE: PHONE #: FAX #: ACCOUNT NUMBER(S): OFFICER'S NAME:

TRADE REFERENCE NAME: PHONE #: FAX #: CONTACT NAME: ACCOUNT NUMBER(S):

TRADE REFERENCE NAME: PHONE #: FAX #: CONTACT NAME: ACCOUNT NUMBER(S):

TRADE REFERENCE NAME: PHONE #: FAX #: CONTACT NAME: ACCOUNT NUMBER(S):

Section E - Personal Data (Owner, Partner or Guarantor):

Required for applicants in business 2 years or less, preferred for all others

NAME: TITLE: SOCIAL SECURITY #: PERSONAL ADDRESS CITY, STATE, ZIP

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APPLICANT AGREEMENT

MUST BE SIGNED IN ORDER TO CONSIDER OPEN ACCOUNT TERMS

Section F

THIS CREDIT APPLICATION AGREEMENT IS SUBMITTED BY CUSTOMER (HEREINAFTER APPLICANT), TO **THE SERVANTS, INC.**, (HEREINAFTER TSI), TO OBTAIN TRADE CREDIT. IN MAKING THIS APPLICATION, APPLICANT AGREES AND UNDERSTANDS THAT ALL ACCOUNTS ARE PAYABLE ON OR BEFORE 30 DAYS FROM DATE OF INVOICE. APPLICANT ALSO AGREES TO PAY INTEREST ON ALL AMOUNTS THAT ARE PAST DUE AT THE RATE OF 1.5% PER MONTH OR THE HIGHEST RATE ALLOWED BY LAW. IF APPLICANT SHOULD DEFAULT IN ANY PAYMENT, TSI RESERVES THE RIGHT TO DECLARE ALL INVOICE AMOUNTS DUE AND PAYABLE WITHOUT NOTICE TO APPLICANT. IN THE EVENT TSI SHOULD COMMENCE ANY ACTION OR ACTIONS, OR OTHERWISE SEEK TO ENFORCE THIS AGREEMENT AGAINST APPLICANT OR ANY GUARANTOR, APPLICANT AGREES TO PAY REASONABLE ATTORNEY(S) FEES, COURT AND OTHER EXPENSES INCURRED BY TSI, WHETHER OR NOT SUIT IS FILED.

THIS AGREEMENT IS STRICTLY CONFIDENTIAL AND IS NOT ASSIGNABLE OR TRANSFERABLE WITHOUT PRIOR WRITTEN CONSENT OF TSI. THIS AGREEMENT SHALL BECOME EFFECTIVE UPON ACCEPTANCE BY TSI. APPLICANT ALSO AGREES TO PROVIDE TSI WITH UPDATED CREDIT INFORMATION ON REQUEST AND TO PROVIDE AN ANNUAL FINANCIAL STATEMENT TO TSI AS A CONDITION FOR THE CONTINUED EXTENSION OF CREDIT. THIS AGREEMENT IS NOT TRANSFERABLE OR ASSIGNABLE WITHOUT PRIOR CONSENT OF TSI. APPLICANT AGREES BY SIGNING THIS APPLICATION TO AUTHORIZE APPLICANT'S BANK TO RELEASE ANY INFORMATION NECESSARY TO ASSIST TSI IN ESTABLISHING A LINE OF CREDIT. PROPRIETORSHIP, PARTNERSHIP, AND PERSONAL GUARANTOR APPLICANTS UNDERSTAND THAT TSI MAY ORDER A CONSUMER CREDIT REPORT IN CONNECTION WITH THIS APPLICATION AND SUBSEQUENT CONSUMER REPORTS IN CONNECTION WITH THE REVIEW OF EXISTING OR FUTURE EXTENSIONS OF CREDIT.

APPLICANT AND APPLICANT'S AUTHORIZED REPRESENTATIVE SIGNING THIS AGREEMENT REPRESENT AND WARRANT THAT THE INFORMATION PROVIDED IN THIS APPLICATION AND IN ANY AND ALL ADDITIONAL DOCUMENTS, FINANCIAL STATEMENTS OR OTHER INFORMATION FURNISHED BY APPLICANT TO TSI IS TRUE AND CORRECT IN ALL MATERIAL RESPECTS AND CONTAINS ALL INFORMATION NECESSARY SO THAT THIS APPLICATION IS NOT MATERIALLY MISLEADING. APPLICANT ACKNOWLEDGES THAT TSI IS RELYING ON THE ACCURACY OF THE INFORMATION PROVIDED BY APPLICANT. VENUE SHALL BE IN DUBOIS COUNTY, IN. WHEN REFERENCE IS MADE TO APPLICANT, THE SINGULAR SHALL INCLUDE THE PLURAL AND THE MASCULINE SHALL INCLUDE THE FEMININE. I/WE AGREE TO ADHERE TO THE CREDIT SERVICE POLICIES AND PROCEDURES ESTABLISHED FROM TIME TO TIME BY TSI.

AUTHORIZED SIGNATURE: _____ PRINTED NAME: _____

TITLE: _____ DATE: _____

GUARANTY AGREEMENT

REQUIRED FOR APPLICANTS IN BUSINESS 2 YEARS OR LESS, PREFERRED FOR ALL OTHERS

Section G

IN CONSIDERATION OF CREDIT BEING EXTENDED BY THE SERVANTS INC. (HEREINAFTER TSI), TO THE ABOVE NAMED APPLICANT FOR MERCHANDISE TO BE PURCHASED WHETHER APPLICANT BE AN INDIVIDUAL OR INDIVIDUALS, A PROPRIETORSHIP, A PARTNERSHIP, A CORPORATION, OR OTHER ENTITY, THE UNDERSIGNED GUARANTOR HEREBY CONTRACTS AND AGREES TO TSI THE FAITHFUL PAYMENT WHEN DUE, OF ALL ACCOUNTS OF SAID APPLICANT. THE UNDERSIGNED GUARANTOR HEREBY EXPRESSLY WAIVES ALL NOTICE OF ACCEPTANCE OF THIS GUARANTY, NOTICE OF EXTENSION OF CREDIT TO APPLICANT, PRESENTMENT, AND DEMAND FOR PAYMENT ON APPLICANT, PROTEST AND NOTICE TO UNDERSIGNED GUARANTOR OF DISHONOR OR DEFAULT BY APPLICANT OR WITH RESPECT TO ANY SECURITY HELD BY TSI, EXTENSION OF TIME OF PAYMENT TO APPLICANT, ACCEPTANCE OF PARTIAL PAYMENT OF PARTIAL COMPROMISE, ALL OTHER NOTICES TO WHICH THE UNDERSIGNED GUARANTOR MIGHT OTHERWISE BE ENTITLED AND DEMAND FOR PAYMENT UNDER THIS GUARANTY.

WITNESS' SIGNATURE NAME (PRINT) OF GUARANTOR GUARANTOR'S SIGNATURE DATE

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