

APPLICATION FOR CREDIT

COMPANY OR INDIVIDUAL APPLICANT INFORMATION:

Company or Individual: _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____ E-mail: _____
 Type of Entity: Corporation ___ Partnership ___ Individual ___ LLC ___ Sole Proprietorship ___
 Tax ID: _____ or SSN: _____ State of Incorporation: _____
 Tax Exempt? ___ (Attach copy of Tax Exemption) How Long in Business? _____

Credit Limit Requested: _____

COMMENTS/REMARKS:

NAME OF PRINCIPAL(S) OR OWNER(S):

Name: _____ SSN: _____ Title: _____
 Home Address: _____ City: _____ State: _____ Zip: _____

Name: _____ SSN: _____ Title: _____
 Home Address: _____ City: _____ State: _____ Zip: _____

BANK REFERENCE

Bank Name: _____ Contact: _____ Acct # _____
 Address: _____ Phone # _____ Fax # _____

TRADE REFERENCES

1. Company Name: _____ Contact: _____ Acct # _____
 Address: _____ Phone # _____ Fax # _____
 2. Company Name: _____ Contact: _____ Acct # _____
 Address: _____ Phone # _____ Fax # _____
 3. Company Name: _____ Contact: _____ Acct # _____
 Address: _____ Phone # _____ Fax # _____

Arbor Rock reserves the right to perform due diligence on potential customers seeking credit. This due diligence may take the form of a business credit report, personal credit report, or reference verification. At its discretion, Arbor Rock reserves the right to perform due diligence at any time during the business relationship.

COMPANY NAME (if applicable): _____

Authorized Signature: _____ **Date:** _____

Printed Name: _____ **Title:** _____

PERSON TO CONFIRM ORDERS: _____

PERSON TO CONTACT CONCERNING PAYMENT: _____



TERMS OF PAYMENT

AS LONG AS BUYER'S CREDIT IS APPROVED:

- 1.) All accounts are due and payable under the terms set forth on the invoice. If payment is not received within that time, the unpaid balance shall bear interest monthly at 1½%, plus attorney’s fees, court costs and other costs in conjunction with collection of unpaid amounts. All transactions will be governed by the laws of the state of Colorado. Refusal to pay these charges will result in suspension of credit until paid in full.
- 2.) Any account 30 days overdue automatically reverts to a temporary C.O.D. status until payment is received. Any account 60 days overdue will be placed on a permanent C.O.D. status.
- 3.) Payment arrangements other than those stated above must receive prior approval from Arbor Rock.
- 4.) Payments received on account will be credited to the oldest balance first.

I/We certify that the information on this form is complete and correct, and that I/we fully understand Arbor Rock’s credit terms and agree to the proper payment in consideration of extended credit. If collection and/or legal action is pursued by Arbor Rock on any past due amounts: 1) I/we agree to pay all collection and attorney fees if action is filed thereon, and court costs related to such action, and 2) I/we agree to a change of venue to the state of Colorado for all collection and court proceedings. I/We hereby authorize you to release to Arbor Rock all pertinent information concerning our company’s experience with any of our business, banking, or personal accounts. Arbor Rock, LLC will hold all said information in the strictest confidence.

I/We, _____, fully understand the terms of payment set forth above, and agree to abide by them.

COMPANY NAME (if applicable): _____
Authorized Signature: _____ **Date:** _____
Name (Printed): _____ **Title:** _____

INDIVIDUAL PERSONAL GUARANTY

I, _____, residing at _____, for and in consideration of Arbor Rock’s extending credit, at my request, to _____, (entity/company, hereinafter referred to as “Buyer”), of which I am _____, (“status” example, owner, proprietor, manager, etc.) hereby personally guaranty to Arbor Rock payment of any obligation of Buyer, and I hereby agree to bind myself to pay you, on demand, any such sum which may become due and payable to Arbor Rock by the Buyer should the Buyer fail to pay same. It is understood that this guaranty shall be a continuing and irrevocable guaranty and indemnity for such indebtedness of the Buyer. I do hereby waive notice of default, non-payment and notice thereof, and consent to any modification or renewal of the credit agreement hereby guaranteed.

Signature: _____ Date: _____
 Printed Name: _____ Title: _____
 Address: _____

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