

Business Credit Application

Billing Information

Full Legal Name _____ Business Tel. # _____ Fax # _____
Street Address _____ City _____ State _____ Zip _____
Shipping Address (If Different) _____ City _____ State _____ Zip _____
How long have you been in business? _____ Type of business _____
Annual Sales Volume _____ Estimated Yearly Purchases _____

Business Credit Application

Principal Authorizes Officer _____ Title(s) _____
Contact Person(s) _____ Duns Number _____
Name of Parent Company _____
Street Address _____ City _____ State _____ Zip _____

Bank Reference

Bank Name _____ Contact _____ Account# _____
Bank Address _____ City _____ State _____ Zip _____
Telephone Number _____ Fax Number _____

Trade References

1) Name _____ Acct.# _____ Contact _____
Addr. _____ City _____ State _____ Zip _____ Tel. _____
2) Name _____ Acct.# _____ Contact _____
Addr. _____ City _____ State _____ Zip _____ Tel. _____
3) Name _____ Acct.# _____ Contact _____
Addr. _____ City _____ State _____ Zip _____ Tel. _____

THE UNDERSIGNED, BY THE EXECUTION OF THIS CREDIT APPLICATION, AGREES THAT IT SHALL PAY FOR ALL OUTSTANDING BALANCES PER TERMS AS AGREED BETWEEN BOTH PARTIES. IN THE EVENT THIS ACCOUNT IS REFERRED TO ANY ATTORNEY FOR COLLECTION, THE PARTIES AGREE THAT AN ADDITIONAL TWENTY-FIVE (25%) OF THE OUTSTANDING BALANCE DUE WILL BE PAID AS ATTORNEY'S FEES.

Auth. Signature _____ (Print Name) _____ Title _____ Date _____

INDIVIDUAL PERSONAL GUARANTEE

I, (NAME) _____ RESIDING AT (ADDRESS) _____ FOR AND IN CONSIDERATION OF YOUR
EXTENDING CREDIT AT MY REQUEST TO (COMPANY) _____ (HEREINAFTER REFERRED

TO AS THE "COMPANY"), OF WHICH I AM (TITLE) _____, HEREBY PERSONALLY GUARANTEE TO YOU THE PAYMENT AT FOX BUSINESS SYSTEMS . IN THE STATE OF KANSAS ANY OBLIGATION OF THE COMPANY AND I HEREBY AGREE TO BIND MYSELF TO PAY YOU ON DEMAND ANY SUM WHICH MAY BECOME DUE TO YOU BY THE COMPANY WHENEVER THE COMPANY SHALL FAIL TO PAY THE SAME. IT IS UNDERSTOOD THAT THIS GUARANTEE SHALL BE A CONTINUING AND IRREVOCABLE GUARANTEE AND INDEMNITY FOR SUCH INDEBTEDNESS OF THE COMPANY. I DO HEREBY WAIVE NOTICE DEFAULT, NON-PAYMENT AND NOTICE HEREOF AND CONSENT TO ANY MODIFICATION OF RENEWAL OF CREDIT AGREEMENT HEREBY GUARANTEE.

Auth. Signature _____ (Print Name) _____ Title _____ Date _____