



4420 Elms Rd. • Swartz Creek, MI 48473 • Ph: 810-635-8844 • Fax: 810-635-8862 • Toll Free: 800-241-0453

### CREDIT APPLICATION

(To apply for credit your company must have been in business at least 2 years.)

Legal Company Name: \_\_\_\_\_ Phone:( \_\_\_\_\_ ) \_\_\_\_\_

Billing Address: \_\_\_\_\_ Fax:( \_\_\_\_\_ ) \_\_\_\_\_

Shipping Address: \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Officers, Partner or Owners: \_\_\_\_\_

Year Business Started: \_\_\_\_\_

How much do you purchase annually in supplies.

Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_

\$ \_\_\_\_\_

Corporation \_\_\_\_\_ State of Incorporation \_\_\_\_\_

How much credit do you request: \$ \_\_\_\_\_ /Month

Type of business: \_\_\_\_\_

Tax ID# \_\_\_\_\_

Applicant hereby: (I) certifies that all of the above information is true and correct; (II) acknowledges and agrees that **One Source** will be relying on such information in connection with its decision to extend credit terms to Applicant;(III) acknowledges and agrees to **One Source** credit terms, net due in 30 days; and (IV) acknowledges and agrees to pay in pursuant to those terms in consideration of the credit being extended. If this account is placed for collection, Applicant and any guarantor agree to pay the reasonable cost of collection in addition to any unpaid principle and interest, including but not limited to reasonable attorneys fee and court costs. If **One Source** is required to file a lawsuit to collect this account, Applicant acknowledges and agrees that jurisdiction and venue shall lie in the District Court of Genesee County, Michigan, and that Michigan law shall govern. Applicant hereby authorizes **One Source** to obtain credit information about Applicant from credit reporting agencies, including Equifax Commercial Services for the purposes of this Credit Application and for the purpose of collecting any accounts resulting from **One Source** extension of credit to Applicant.

The undersigned hereby represents to **One Source** that he is an owner, partner, or officer of Applicant. The undersigned hereby irrevocably and unconditionally guarantees to **One Source** the payment of all amounts and the performance of obligations due from Applicant to **One Source**, now or in the future, should Applicant fail to timely pay or perform the same. The undersigned agrees that this guaranty is made as part of the consideration for and contemporaneously with **One Source** extension of credit to Applicant. The undersigned hereby authorizes **One Source** to obtain credit information about the undersigned from credit reporting agencies for the purposes of this Credit Application and for the purpose of collecting any account resulting from **One Source** extension of credit to Applicant and for the purpose of enforcing this guaranty.

SIGNATURE (OWNER OR OFFICER ONLY)

HOME ADDRESS INCLUDING CITY, ST, ZIP

PRINT NAME

SOCIAL SECURITY NUMBER

YOUR POSITION IN THE COMPANY

## BANK REFERENCES

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Officer: \_\_\_\_\_

Business Checking Acct.#: \_\_\_\_\_

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## TRADE REFERENCES

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

FAX \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

FAX \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

FAX \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

FAX \_\_\_\_\_

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The above information as well as that given on the reverse side is for the purpose of obtaining credit and is warranted to be true. I/we hereby authorize the firm to whom this application is made to investigate the references listed pertaining to my/our credit and financial responsibility.

Application Company Name \_\_\_\_\_

Signature (Owner or Officer) \_\_\_\_\_ Date \_\_\_\_\_