



Fax or Email to:  
 Fax: 877-760-8112  
 Email: office@mycreativepaint.com

BILLING INFORMATION (Information in this section is Mandatory)							
BUSINESS NAME			<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> TAXABLE <input type="checkbox"/> CORPORATION <input type="checkbox"/> LLC <input type="checkbox"/> NON-TAXABLE <small>(ATTACH CERTIFICATE OF EXEMPTION)</small> <input type="checkbox"/> OTHER				
BILLING ADDRESS							
CITY	STATE	ZIP CODE				MAIN PHONE NUMBER	ALTERNATE PHONE NUMBER
FAX NUMBER	EMAIL ADDRESS						
TYPE OF BUSINESS	YEARS IN BUSINESS	# OF EMPLOYEES				CONTRACTORS LICENSE NO.	

Complete this Section if SOLE OWNER							
LAST NAME		FIRST NAME		MIDDLE NAME	LAST 4 DIGITS OF SSN	DRIVERS LICENSE NO.	STATE
HOME ADDRESS			CITY	STATE	ZIP CODE	HOW LONG AT THIS ADDRESS	
PRIMARY PHONE NUMBER		ALTERNATE PHONE NUMBER		FAX NUMBER	EMAIL ADDRESS		
ARE YOU... SELF-EMPLOYED EMPLOYED?	NAME OF BUSINESS OR EMPLOYER			ADDRESS	CITY	STATE	ZIP CODE
ARE YOU BONDED?	IF "YES", WITH WHOM?			ADDRESS	CITY	STATE	ZIP CODE
SPOUSE LAST NAME		SPOUSE FIRST NAME		SPOUSE MIDDLE NAME	LAST 4 DIGITS OF SSN	DRIVERS LICENSE NO.	STATE
NAME OF NEAREST RELATIVE	LAST NAME	FIRST NAME	PRIMARY PHONE NUMBER		ALTERNATE PHONE NUMBER	RELATIONSHIP	
ADDRESS			CITY	STATE	ZIP CODE		

Complete this Section if PARTNERSHIP, CORPORATION or LLC							
FULL NAME OF CORPORATE MEMBERS, MANAGERS, OFFICERS or PARTNERS							
LAST NAME		FIRST NAME		MIDDLE NAME	LAST 4 DIGITS OF SSN	DRIVERS LICENSE NO.	STATE
ADDRESS			CITY	STATE	ZIP CODE	FEDERAL TAX ID NO.	STATE INCORPORATED IN
BUSINESS PHONE NUMBER		HOME PHONE NUMBER		ALTERNATE PHONE NUMBER	FAX NUMBER	EMAIL ADDRESS	
LAST NAME		FIRST NAME		MIDDLE NAME	LAST 4 DIGITS OF SSN	DRIVERS LICENSE NO.	STATE
ADDRESS			CITY	STATE	ZIP CODE	FEDERAL TAX ID NO.	STATE INCORPORATED IN
BUSINESS PHONE NUMBER		HOME PHONE NUMBER		ALTERNATE PHONE NUMBER	FAX NUMBER	EMAIL ADDRESS	

BANK REFERENCES						
<b>BUSINESS ACCOUNT</b>						
BANK NAME / BRANCH #	ACCOUNT NUMBER	PHONE NUMBER	ADDRESS	CITY	STATE	ZIP CODE
<b>PERSONAL ACCOUNT (CHECKING)</b>						
BANK NAME / BRANCH #	ACCOUNT NUMBER	PHONE NUMBER	ADDRESS	CITY	STATE	ZIP CODE
<b>PERSONAL ACCOUNT (SAVINGS)</b>						
BANK NAME / BRANCH #	ACCOUNT NUMBER	PHONE NUMBER	ADDRESS	CITY	STATE	ZIP CODE

**TRADE REFERENCES / PRIMARY SUPPLIERS**

NAME	PHONE NUMBER	ADDRESS	CITY	STATE	ZIP CODE
NAME	PHONE NUMBER	ADDRESS	CITY	STATE	ZIP CODE
NAME	PHONE NUMBER	ADDRESS	CITY	STATE	ZIP CODE

**List Any Persons AUTHORIZED To Use Your Account Below:**

FULL NAME	FULL NAME	FULL NAME
FULL NAME	FULL NAME	FULL NAME
FULL NAME	FULL NAME	FULL NAME

ARE PURCHASE ORDERS OR JOB NAMES REQUIRED ON ALL ORDERS? YES  NO

WHAT ARE YOUR OVERALL ANNUAL PAINT PURCHASES (approximate)? \$

WHO IS YOUR CURRENT SUPPLIER ?

**My Paint Stop LLC (dba Creative Paint / Brownie's Hardware) Credit Application Terms and Conditions**

The information as set forth is furnished for the purpose of requesting My Paint Stop LLC dba Creative Paint (hereinafter called the COMPANY) to grant and extend me/us credit for the purchase of merchandise on your open account terms. The undersigned acknowledge that this account is for commercial purposes and not for personal, household, or family purposes.

The undersigned agree, jointly and severally, to pay any and all sums that may become payable under this account for merchandise sold to the applicant or to any person with apparent authority to utilize this account, unless notified to the contrary in writing by the applicant according to the credit terms of this COMPANY: **Payment terms are NET 30 end of following month from Date of Purchase.**

All past due balances are subject to interest of 2% per month (24% annual percentage rate). The undersigned agree(s) to pay collection fees and/or attorney fees of 33-1/3% of the outstanding balance of this account, plus all costs of collection, including but not limited to court costs and all expenses (except where prohibited by law) in the event collection becomes necessary. The undersigned further agree(s) that any controversy or claim arising out of or relating to these credit terms or breach thereof shall be brought in the appropriate court.

The applicant, guarantors and others from time to time obligated under this account hereby jointly and severally waive and renounce the benefit of homestead and all other exemption rights as against this indebtedness or any renewal or extension hereof; and further waive demand, protest, notice of protest, presentment for payment, notice of dishonor and all defenses on the ground of extension of time for payment hereof (except where prohibited by law).

This credit application shall remain in full force and effect until the COMPANY shall have received written notice of instructions to create no further transactions under the terms and conditions of this credit application, a change in business ownership, or changes of any type. A certified mail receipt for such notification shall be conclusive evidence of the said receipt of such notice. Facsimile copy of this credit application will have the same force and full effect of the original document.

\*Note\* - the undersigned individual(s) who is/are either a principal, partner, or guarantor of the credit applicant(s), is/are a sole proprietor(s) of the credit applicant(s), is/are the sole member(s) of a limited liability company who is the credit applicant(s), or is/are an officer(s) or director(s) of the credit applicant(s), recognizes that his or her individual credit history may be a factor in the evaluation of the application for credit by the credit applicant(s) for credit with My Paint Stop LLC dba Creative Paint and hereby consents to and authorizes My Paint Stop LLC dba Creative Paint or its representative, obtaining and using a Consumer Credit report on the undersigned from time-to-time as may be needed in the credit evaluation process.

THE APPLICANT, THE GUARANTOR(S), AND ANY OTHER PERSON SIGNING THIS AGREEMENT, EACH REPRESENT AND WARRANT THAT THE INFORMATION SUBMITTED IS TRUE AND CORRECT IN ALL RESPECTS.

AUTHORIZED SIGNATURE	AUTHORIZED SIGNATURE
PRINT NAME	PRINT NAME
TITLE or CAPACITY	TITLE or CAPACITY
DATE	DATE

**PERSONAL GUARANTEE:**

I PERSONALLY GUARANTEE PAYMENT OF ANY AND ALL INDEBTEDNESS OF THE ABOVE ACCOUNT AND AGREE TO BE BOUND BY THE ABOVE TERMS AND CONDITIONS.

AUTHORIZED SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ AUTHORIZED SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**FOR OFFICE USE ONLY**

SALES REPRESENTATIVE SIGNATURE	DATE	TERRITORY #
SSP	CCP	

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