

# CREDIT SALES APPLICATION

Applying for Credit from:  One Source Network, Inc.

## FOR INTERNAL USE ONLY

Salesperson # \_\_\_\_\_

Date Received \_\_\_\_\_

Customer # \_\_\_\_\_

Credit Limit \_\_\_\_\_

Terms \_\_\_\_\_

Approved by: \_\_\_\_\_

1) Company Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

County \_\_\_\_\_ Country \_\_\_\_\_

Telephone # (\_\_\_\_) \_\_\_\_\_ Dun & Bradstreet # \_\_\_\_\_

Fax # (\_\_\_\_) \_\_\_\_\_ Industry Code \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Web Site Address \_\_\_\_\_

Corporation

Partnership

Sole Proprietor

DBA

Year Established \_\_\_\_\_ Nature of Business \_\_\_\_\_

State Tax Exempt # \_\_\_\_\_

(Attach Certificate of Resale)

Parent Company \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

2) Names of Officers, Partners or Owners Title Ownership % SS # Home Address Home Phone

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 3) Billing Information

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

Address \_\_\_\_\_

City \_\_\_\_\_

State, Zip \_\_\_\_\_

County \_\_\_\_\_

Country \_\_\_\_\_

A/P Contact \_\_\_\_\_ Phone \_\_\_\_\_

Purchasing/Buyer \_\_\_\_\_ Phone \_\_\_\_\_

### 4) Ship-To Information (Please attach list of additional locations)

(1) Company Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Attention \_\_\_\_\_

(2) Company Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Attention \_\_\_\_\_

### 5) CREDIT TERM AGREEMENT

Credit terms provided commence from date of shipment. Balances outstanding past agreed-upon terms are subject to 1.5% per month interest. The undersigned authorizes that all banks, persons and companies listed on this application to furnish information and authorize the checking of credit. If it becomes necessary to institute suit in any court of law to enforce any of the provisions of the quotation, including an action for collection or to enforce any of the standard terms of sale, venue will take place in Martin County and the undersigned agrees to pay all collection and legal expenses and disbursements incurred by the creditor in connection therewith. The undersigned must notify One Source Network, Inc. in writing of any issues relating to the product received and/or billing amount within five (5) days of order delivery. Discrepancies do not relieve the purchaser's responsibility to pay the undisputed amount.

Name \_\_\_\_\_ Title \_\_\_\_\_ Signed By \_\_\_\_\_ Date \_\_\_\_\_  
*Print Name of Officer or Owner* *Signature*

### 6) PERSONAL GUARANTEE

In consideration for credit extended, the undersigned contracts and guarantees to the faithful payment, when due, of all accounts of the company seeking credit for 5 years from the date of this application, including balances due, any expenses and disbursements related. The undersigned guarantor expressly waives all notice of acceptance of this guarantee, notice of extension of credit, presentment of demand for payment and any notice of default by the company seeking credit, and all other notices the guarantor might be entitled to. Revocation of the guarantee shall be in writing delivered by certified mail and can only be effective for orders placed thereafter. The undersigned authorizes the creditor to obtain any information of credit worthiness, including credit bureau reports.

Name \_\_\_\_\_ SS # \_\_\_\_\_ Signed By \_\_\_\_\_ Date \_\_\_\_\_  
*Print Name of Personal Guarantor* *Personal Guarantor's Signature*

One Source Network, Inc.

549 Capri Point, Lavonia, Georgia 30553

Fax completed application (must send both pages complete) to: 706-356-0228

**7) PRIMARY CHECKING ACCOUNT INFORMATION**

Acct # \_\_\_\_\_

Bank Name \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Street Address \_\_\_\_\_ Fax # (\_\_\_\_) \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Contact Person \_\_\_\_\_

**8) TRADE REFERENCES** *(Must be on open terms – do not include credit card or pre-pay)*

1. Name \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ Fax # (\_\_\_\_) \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Account # \_\_\_\_\_ Contact \_\_\_\_\_

Amount due as of the date of this application \$ \_\_\_\_\_ Highest Credit \$ \_\_\_\_\_ Date of High Credit \_\_\_\_\_

2. Name \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ Fax # (\_\_\_\_) \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Account # \_\_\_\_\_ Contact \_\_\_\_\_

Amount due as of the date of this application \$ \_\_\_\_\_ Highest Credit \$ \_\_\_\_\_ Date of High Credit \_\_\_\_\_

3. Name \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ Fax # (\_\_\_\_) \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Account # \_\_\_\_\_ Contact \_\_\_\_\_

Amount due as of the date of this application \$ \_\_\_\_\_ Highest Credit \$ \_\_\_\_\_ Date of High Credit \_\_\_\_\_

4. Name \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ Fax # (\_\_\_\_) \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Account # \_\_\_\_\_ Contact \_\_\_\_\_

Amount due as of the date of this application \$ \_\_\_\_\_ Highest Credit \$ \_\_\_\_\_ Date of High Credit \_\_\_\_\_

9)  **LANDLORD**  **MORTGAGE HOLDER**

Name \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ Fax # (\_\_\_\_) \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Amount of Monthly Payment \$ \_\_\_\_\_

Amount due as of the date of this application \$ \_\_\_\_\_ Date Began \_\_\_\_\_