

CREDIT APPLICATION FORM

Business Name

Bill To Name, if different

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Billing Address, including store #s and suite #s

City

State

Zip

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Accounts Payable Contact Name

Phone #

FAX #

Email Address

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Buyer Contact Name

Phone #

FAX #

Email Address

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Owner Contact Info,

Phone #

Cell Phone #

Email Address

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Type of Business (

Owner Since (Date)

Sales Rep.

Broker

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Payment Method: Please check one

Bill Me

☐

Credit Card

☐

Check Enclosed

☐

EDI

☐

If Paying by Credit Card

Cardholder Name

Credit Card Type

Card #

Exp. Date

AVS Code

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Federal Tax ID #

Dunn & Bradstreet #

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Trade References, please list three (3)

Name

Address

Phone #

FAX #

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Bank Reference

Name

Address

Account #

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Ship To Address/ Locations- plus store #s and suite #s and add any additional ship to's on separate page

Name

Address

City, State, Zip

Phone #

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List any special shipping instructions

*I hereby certify that the information in the credit application is correct. The information included on this credit application is intended for use by Selected Furniture LLC in determining the amount and conditions of credit to be extended. Further, I hereby authorize references listed on this credit application to release the information necessary to assist Selected Furniture LLC in establishing a line of credit. If (we) default on payment and it is for Selected Furniture LLC to institute legal action, If I (we) agree to pay all necessary costs and reasonable attorney fees incurred by Selected Furniture LLC.

Printed Name

Signature

Internal Use Only

Title

Date

Search Key

Dist

C Grp

Sls Prsn

Del Terms

Brkr Acct

Terms

CL

AR Clerk

Ins



In consideration of Selected Furniture LLC selling me or my agents, I (we) agree to the following terms:

1. To pay the monthly statement or invoice in full and in accordance with the terms set by Selected Furniture LLC.

2. In consideration of the granting of credit by Selected Furniture LLC to your company, the undersigned unconditionally guarantees payment for any and all purchases made previously, or to be made in the future including a late fee one and one-half percent (1-11/2%) per month computed from month to month on all amounts 30 days or more past due.

3. In the event of non-payment, I (we) agree to pay all costs and expenses of collection, including attorney fees and continuing finance charges until payment is secured.

By signing below, I certify that I have the authority to bind the company to this agreement, and that I agree to creditor term of sale of NET 30. I also agree and accept that the credit limit and credit terms may be changed or withdrawn at the sole discretion of the creditor.

The information given herein is offered as part of a request by the applicant for an extension of credit for commercial business use. The information provided is represents by the applicant to be true, correct and complete. The applicant authorizes Creditor to investigate all credit references and other sources pertaining to our credit and financial responsibility. The undersigned authorizes its banks and trade creditors to provide creditor with complete information for the purpose of credit evaluation.

PERSONAL GUARANTEE

In consideration of any credit extended, the undersigned will personally guarantee full and prompt payment of all indebtedness of (your company name)_____ incurred for merchandise provided be Selected Furniture LLC, or by other company affiliated with Selected Furniture. The personal guarantee shall remain in force until its revocation is acknowledged in written by Selected Furniture LLC. Said notice shell specify the date on which this guaranty is to be terminated, said date shall not to be less then seven days after such notice is received. Revocation shall not affect indebtedness incurred prior to receipt of written notice.

Individual Signature:

Name: _____ Print

Date: _____ Social Security # _____

Home Address: _____

Phone: _____ Home

Name of Business whose account is guaranteed: _____
