

# SMITHS SOUTH-CENTRAL SALES COMPANY

## CREDIT APPLICATION

ACCT # \_\_\_\_\_

COMPANY NAME \_\_\_\_\_  
(please type or print full legal name)

DATE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

PHONE # \_\_\_\_/\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

CELL # \_\_\_\_/\_\_\_\_

SHIPPING ADDRESS \_\_\_\_\_

FAX # \_\_\_\_/\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_ WEB ADDRESS \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ FEDERAL EMPLOYER ID# \_\_\_\_\_

COMPANY EMAIL \_\_\_\_\_

COMPANY "ACCOUNTS PAYABLE" EMAIL \_\_\_\_\_  
(Please provide for monthly statement distribution)PRIMARY CONTACT (1) \_\_\_\_\_ (2) \_\_\_\_\_  
(Officer / Manager / Owner -- circle one) (Sales / Parts / Technical -- circle one)

RESALE TAX # \_\_\_\_\_ (valid only if state certificate attached - must provide copy w/application!)

TYPE OF BUSINESS \_\_\_\_\_ YEARS IN THIS BUSINESS \_\_\_\_\_

HAVE YOU DECLARED BANKRUPTCY IN THE LAST 10 YEARS? YES\* \_\_\_\_\_ NO \_\_\_\_\_

\* If YES, list where and the year. \_\_\_\_\_ Year \_\_\_\_\_

Smith South-Central Standard Open Account Terms are net 10th - Payment is due no later than the 10th of the month following purchase. Accounts must be paid within invoice terms to maintain "current status".

In the event that any legal action or the services of a collection agency be necessary to collect my account, I agree to pay reasonable expenses incurred, including attorney fees and court costs. I agree to a monthly late charge of one and one-half percent (1 1/2%) per month from the due date of any bill until paid. I certify that everything I have stated in this application and or any attachments are correct. You may keep this application whether or not it is approved. By signing below I authorize you to check my credit and to answer any questions others may ask you about my credit record with you. I understand that I must update credit information at your request if my financial condition changes.

By execution of this instant credit application all undersigned parties do hereby personally and individually guarantee and hold himself or themselves individually and personally liable for any and all sums due from or by the above described business entity to which any credit is extended. It is hereby understood and agreed that in addition to the above business entity any undersigned individual shall be personally and individually liable for any and all sums due as a result of any and all transactions of said entity and bind myself, herself, or themselves to the same.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Circle One - Officer / Partner / Owner)**REQUIRED FOR CORPORATIONS:**

I/We, the undersigned, as officer, owner, agent of the corporation to which credit is being extended, do hereby guarantee the payment of this indebtedness in solido with the corporation.

(Two or more signatures required)

NAME \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

NAME \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

# SMITHS SOUTH-CENTRAL SALES COMPANY

## CREDIT APPLICATION, cont.

COMPANY NAME \_\_\_\_\_

CREDIT LINE REQUESTED \$ \_\_\_\_\_ POWER EQUIPMENT DEALER: YES \_\_\_\_\_ NO \_\_\_\_\_

PRIMARY PRODUCTS LINES SOLD \_\_\_\_\_

BANK REFERENCE (1) \_\_\_\_\_ ACCT. # \_\_\_\_\_

BANK ADDRESS \_\_\_\_\_

CONTACT \_\_\_\_\_ BANK PHONE \_\_\_\_/\_\_\_\_/\_\_\_\_ BANK FAX \_\_\_\_/\_\_\_\_/\_\_\_\_

BANK REFERENCE (2) \_\_\_\_\_ ACCT. # \_\_\_\_\_

BANK ADDRESS \_\_\_\_\_

CONTACT \_\_\_\_\_ BANK PHONE \_\_\_\_/\_\_\_\_/\_\_\_\_ BANK FAX \_\_\_\_/\_\_\_\_/\_\_\_\_

**\*\* PLEASE PROVIDE YOUR MOST RECENT FINANCIAL STATEMENT WITH CREDIT APPLICATION \*\***

*List three firms with whom you have an active open account.*

#1 \_\_\_\_\_ PHONE # \_\_\_\_/\_\_\_\_/\_\_\_\_

ADDRESS \_\_\_\_\_ FAX # \_\_\_\_/\_\_\_\_/\_\_\_\_

#2 \_\_\_\_\_ PHONE # \_\_\_\_/\_\_\_\_/\_\_\_\_

ADDRESS \_\_\_\_\_ FAX # \_\_\_\_/\_\_\_\_/\_\_\_\_

#3 \_\_\_\_\_ PHONE # \_\_\_\_/\_\_\_\_/\_\_\_\_

ADDRESS \_\_\_\_\_ FAX # \_\_\_\_/\_\_\_\_/\_\_\_\_

NOTES/ADDITIONAL COMMENTS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



P. O. Box 578

1802 South Arkansas St

Springhill, Louisiana 71075

318-539-2594 - 800-551-8259

FAX 318-539-4712

RE: Dealer Name \_\_\_\_\_

Address \_\_\_\_\_

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

To Whom It May Concern:

I/We hereby authorize you to release any and all Personal and/or Business information concerning my credit history with your company to Smiths South-Central Sales Company. A photocopy or FAX of this authorization may be accepted as an original.

Signed \_\_\_\_\_ SS# \_\_\_\_\_  
Principal

Date \_\_\_\_\_

Signed \_\_\_\_\_ SS# \_\_\_\_\_  
Principal

Date \_\_\_\_\_

Signed \_\_\_\_\_ SS# \_\_\_\_\_  
Principal

Date \_\_\_\_\_