

Credit Application

Business Name _____ Line of Credit Requested \$ _____

Phone (_____) _____ Fax (_____) _____

Mailing Address _____ For past _____ years

Shipping Address _____

D/B/A _____ Federal Tax ID# _____

Former Business Address (if applicable) _____

Type of Business _____ Date Established _____ How long in Business _____

Mortgage holder/Landlord _____

Address _____ Phone (____) _____ Fax(____) _____

Email Address _____

Does State, County, or City require a License? Yes No If yes, License # _____

OWNERSHIP: Sole Proprietorship Partnership Corporation

PRINCIPAL OFFICERS:

_____	_____	_____
(Print Name)	(Title)	(Signature)
_____	_____	_____
(Print Name)	(Title)	(Signature)

TRADE REFERENCES:

	Name	Phone/Fax #
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

BANK REFERENCES:

_____	_____	_____	_____
(Name)	(Address)	(Acct #)	(Contact)
_____	_____	_____	_____
(Name)	(Address)	(Acct #)	(Contact)

Has the firm or any of its principals ever been Bankrupt? Yes No

If yes, explain _____

Any misrepresentation in this application will be considered evidence of fraud, since this information is the basis for the extending of credit. As an inducement to grant credit, the undersigned warrants that the information submitted is true and correct. You are authorizing Fluid Rx Inc. to investigate all credit references and principals listed.

In consideration for the extension of credit, said business promises to pay for all purchases within the terms agreed upon and agrees to pay a service charge per month of 1-1/2% per month (18% annual percentage rate) on all past due balances. In the event any third parties are employed to collect any outstanding monies owed by said business the undersigned agrees to pay reasonable collection costs, including attorney fees, whether or not litigation has commenced, and all costs of litigation incurred. The undersigned represents that he/she has the authority to execute this credit agreement on behalf of the business identified.

_____ (Name of Business)

(Print Name)	(Title)	(Signature)
(Print Name)	(Title)	(Signature)

PERSONAL GUARANTEE

In consideration for Fluid Rx, Inc. extending credit to the business identified below for any materials and/or services after this date at the request of applicants or its agents, the undersigned individual hereby personally guarantees unconditionally and irrevocably the prompt payment of any sums now or hereafter owed to Fluid Rx, Inc. by the business identified below whether said sums are due under open account, contract or otherwise. It is understood and agreed that credit, if extended, is to be on a continuing basis and may exceed estimated maximum credit limit required as stated in the credit agreement between Fluid Rx, Inc. and the business. Fluid Rx, Inc. shall not be obligated to notify the undersigned of the dates or amounts of any such credit and the undersigned waives demand, notice of default and any extension of time or any other forbearance which may be extended by Fluid Rx, Inc. A W9 is required to be supplied with this credit application to Fluid Rx, Inc and updated annually.

Date _____ Name: _____
 (Name of person guaranteeing payment, NO TITLE)

Home address _____

Home Phone # _____ (SS#) _____

Signature of person guaranteeing payment _____

Name of Business whose account is guaranteed _____

CREDIT DEPARTMENT USE ONLY

Date: _____

Line of Credit: Approved / Denied Amount \$ _____

APPROVED BY _____

Comments: _____