

Application For Credit



Date _____

Name of Business _____

Nature of Business _____

Form of Ownership Sole Proprietor Partnership Corporation LLC
(Circle one)

Date of Incorporation _____ Years In Business _____ Years At Address _____

Name of Principal Owner and Title _____

Federal I.D.# _____

Resale I.D.# _____ *****Please Include A Copy Of State Resale Certificate*****

Parent Company _____ Dunn & Bradstreet Number _____
(If subsidiary)

Credit Amount Requested _____ Estimated Monthly Revenue w/ Allshields _____

BILLING INFORMATION

Bill To Name _____

Street/P.O. Box _____

City _____ State _____

Zip Code _____ Country _____

Accounts Payable Contact _____ Phone # _____

Fax # _____ E-Mail Address _____

E-mail Address To Send Invoices _____

SHIPPING INFORMATION (If Different. Otherwise Indicate Same)

Ship To Name _____

Street/P.O. Box _____

City _____ State _____

Zip Code _____ Country _____

Phone # _____ Fax # _____

Preferred Carrier For Collect Shipments _____ Account # _____

Freight Terms – Allshields Freight Terms Are Prepaid & Add Unless Given Third Party Billing Information

BANK REFERENCE

Bank Name _____

Address _____

City _____ State _____

Account Number (s) _____

Banking Contact _____

Phone # _____ Fax # _____

TRADE REFERENCE

Business Name _____

Address _____

City _____ State _____

Email _____ Phone # _____ Fax # _____

Business Name _____

Address _____

City _____ State _____

Email _____ Phone # _____ Fax # _____

Business Name _____

Address _____

City _____ State _____

Email _____ Phone # _____ Fax # _____

TERMS AND CONDITIONS

Allshields, Inc. credit terms are **strictly Net 30 days**. An account shall be considered past due if unpaid after 30 days from date of invoice. Once an invoice becomes 30 days old, a finance charge of 1.5% per month plus interest may be applied to the unpaid balance. In the event that a past due amount is referred for collection to an agency or attorney, the undersigned will pay all cost of collection, including attorneys' fees, whether or not action is commenced or pursued to judgment. All sales are subject to Allshields terms and conditions. A copy can be obtained by written request to 1517 1/2 C Sunrise Avenue Raleigh, NC 27608, or viewed at www.allshields.com.

It is understood that Allshields, Inc. will rely upon representations made by the undersigned in this application. By signing this document, I acknowledge that I am an **officer or authorized representative** of this company.

Authorized By _____ Title _____
(Signature)

Name _____ Date _____
(Printed)

PERSONAL GUARANTEE (Required On Non-Incorporated Businesses Only)

The undersigned, jointly and severally, in consideration of the monthly billing privileges being executed to the above named Applicant, do hereby unconditionally guarantee and promise to pay any and all obligations of said Applicant which have in the past or may in the future be owing to Seller on open account or otherwise, including without limitation service charges and attorney's fees. The undersigned waive any right to require Seller to proceed against Applicant or pursue any other remedy and any statute of limitations pertaining hereto: and the undersigned further waive all presentments, demands for performance, notice of non-performance, protests, notices of dishonor and notices of acceptance of this guaranty and of the incurrence or modification of existing or additional indebtedness. No delay in the enforcement of this personal guaranty shall affect the liability of any of the undersigned. Guarantor authorizes Seller to obtain credit and financial information concerning the Guarantor at any time and from any source. Executed at _____, on this _____ days of _____, 20_____.

Guarantor _____ Soc. Sec. # _____
(Signature)

Name _____
(Printed)

Allshields, Inc.
1517 1/2 C Sunrise Avenue
Raleigh, NC 27608
Phone: 919-828-7599 Fax: 919-828-7598