

Concepts, Inc

9309 Montgomery Road
Cincinnati, Ohio 45242
Phone: 513.984.3715 Fax: 513.984.2304

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APPLICATION FOR CREDIT

Date: _____

COMPANY INFORMATION

BUSINESS NAME: (DBA, IF APPLICABLE)		BUSINESS LEGAL STRUCTURE:	
BILLING ADDRESS:		<input type="checkbox"/> CORPORATION / LLC	
CITY, STATE, ZIP:		<input type="checkbox"/> PARTNERSHIP / LLP	
PH:	FAX:	<input type="checkbox"/> PROPRIETORSHIP	
SHIPPING ADDRESS:		YEAR ESTABLISHED:	
CITY, STATE, ZIP:		STATE OF INCORPORATION:	
PH:	FAX:		
NUMBER OF EMPLOYEES:	TYPE OF BUSINESS:		
NUMBER OF YEARS AT CURRENT LOCATION:	BUSINESS PROPERTY: <input type="checkbox"/> RENT <input type="checkbox"/> OWN		
FEDERAL I.D. #	SALES TAX STATUS: <input type="checkbox"/> TAXABLE <input type="checkbox"/> EXEMPT (certificate must be attached)		
ACCOUNTS PAYABLE CONTACT:			

CREDIT LIMIT

CREDIT LIMIT: (\$5,000.00 STANDARD LIMIT)	DO YOU REQUIRE A HIGHER CREDIT LIMIT?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	CREDIT LIMIT REQUESTED: _____		

FINANCIAL INFORMATION

BANK:	ACCOUNT NUMBER:
ADDRESS:	BANK CONTACT:
CITY, STATE, ZIP:	PHONE:

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APPLICATION FOR CREDIT (continued):

OWNER(S) OR OFFICERS

NAME & TITLE:	NAME & TITLE:
HOME ADDRESS:	HOME ADDRESS:
CITY, STATE, & ZIP	CITY, STATE, & ZIP
PHONE:	PHONE:
SOCIAL SECURITY #:	SOCIAL SECURITY #:

TRADE REFERENCES

1. NAME:	ACCOUNT #:
ADDRESS:	PHONE:
CITY, STATE, & ZIP	FAX:
2. NAME:	ACCOUNT #:
ADDRESS:	PHONE:
CITY, STATE, & ZIP	FAX:
3. NAME:	ACCOUNT #:
ADDRESS:	PHONE:
CITY, STATE, & ZIP:	FAX:

TERMS AND CONDITIONS OF SALE

I (we) understand the Terms and Conditions of Sale to be: all invoices due by due date on invoice, typically 30 days. All Accounts past due are subject to an annual 18% service charge (1 1/2 % per month). Unless specifically authorized, NO shipment will be made or new orders processed when any previous invoice is past due. These terms, discounts and/or incentives will be qualified by the postmark date of payment. Goods in transit are at the risk of purchaser and any claims must be made with the freight carrier. Shipments should be inspected immediately and shortages noted on the Bill of Lading. Any person signing for and on behalf of a corporation shall be personally liable to the vendor, jointly and severally with the corporation, for any obligation and responsibility arising from the purchase of merchandise made under this application for credit. All orders are non-cancelable.

I (we) agree to the credit terms as described above and authorize Concepts, Inc. to obtain information from the above references.

Name

Signature

Title

Date

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Individual Personal Guarantee

Date _____

I, _____, residing at _____
For and consideration of your extending credit at my request to

(Company Name)

Do hereby personally guarantee payment to Concepts, Inc
(Company Name)

9309 Montgomery Road Cincinnati, Ohio 45242
(Company Address)

The undersigned to induce Concepts, Inc. to extend credit to the Company, does hereby personally guarantee the payment of all sums and obligation of the Company to Concepts, now existing or hereafter existing, absolute or contingent, and all costs, legal fees and expenses incurred in the collection of the indebtedness and future advances, without the necessity of Concepts first pursuing action against the Company. The undersigned waives any and all defenses, set-offs, and counterclaims, and all requirement for presentation, demand, protests and or other notice of dishonor. The undersigned further waives notice of and consents to all changes or terms of credit, extensions of time for payment, further extensions of credit, and settlement or compromise of differences. This guarantee shall not be limited to any specific time or period, nor shall it terminate upon death.

Signature: _____

Printed Name: _____

Witness Signature: _____

Address of Witness: _____

NOTE: Personal guarantee must be filled out completely, signed and witnessed.