

BULLDOG FASTENERS, LLC

dba Lowcountry Tool & Supply

APPLICATION FOR CREDIT

COMPANY NAME: _____ PHONE: _____

MAILING ADDRESS: _____ FAX: _____

CITY: _____ STATE/PROV: _____ ZIP/POST CODE: _____

e-MAIL PURCHASING: _____ e-MAIL A/P: _____

SHIPPING ADDRESS: _____

NUMBER OF LOCATIONS: _____ NUMBER OF YEARS IN BUSINESS: _____

FED ID# _____ CREDIT LIMIT REQUEST: _____

CORPORATE OFFICERS OR OWNERS:

NAME/TITLE: _____

NAME/TITLE: _____

NAME/TITLE: _____

*IF YOU ARE TAX EXEMPT IN THE STATE OF SOUTH CAROLINA
AN EXEMPT CERTIFICATE MUST BE RETURNED WITH THIS APPLICATION.*

TRADE REFERENCES

COMPANY: _____ ACCT#: _____

CONTACT: _____ FAX#: _____

COMPANY: _____ ACCT#: _____

CONTACT: _____ FAX#: _____

COMPANY: _____ ACCT#: _____

CONTACT: _____ FAX#: _____

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65 Hartwell Ave
Ridgeland, SC 29936

PHONE (843) 547-1980
FAX (843) 547-1066
EMAIL kevin@lowcountrytool.com
WEB www.lowcountrytool.com

BANK REFERENCE

NAME: _____ PHONE: _____

ACCOUNT#: _____ FAX: _____

CONTACT NAME: _____

IMPORTANT

APPLICANT AGREES TO THE FOLLOWING:

Bulldog Fasteners, LLC. retains the right to deny credit to any applicant, and also retains the right to close this account whenever we deem necessary.

THE UNDERSIGNED SUBMITS THIS APPLICATION FOR CREDIT SUBJECT TO THE FOLLOWING TERMS, AND AS CONSIDERATION FOR THE EXTENSION OF CREDIT OR THE ESTABLISHMENT OF AN ACCOUNT REPRESENTS AND/OR AGREES AS FOLLOWS:

1. All the information submitted in this application is true and correct to the best knowledge, information and belief of the applicant.

2. Should credit be extended, applicant acknowledges and guarantees:

a. Payment of the account in full according to the invoice terms.

b. Payment of service charges of 1 1/2% per month (18% annual percentage rate) charged to past due balances.

c. We agree to pay all costs of collection, including collection fees, court costs and attorney's fees at the rate of 33% should it become necessary to refer for collections.

d. We agree to a service charge of \$25.00, for any checks returned from our bank unpaid, for any reason.

3. The undersigned authorizes inquiry as to credit information and accordingly gives approval for these references to release credit information to "BULLDOG FASTENERS, LLC."

4. If credit is extended the undersigned personally and unconditionally guarantees payment of all invoices.

X _____

SIGNATURE OF GUARANTOR

X _____

SIGNATURE OF OWNER OR OFFICER

DATE: _____

TITLE: _____

In an effort to serve you better, and to ensure that we contact the correct people in your company, please take a few minutes to fill out this key contact form.

Customer Information

COMPANY E-MAIL: _____

WEBSITE: _____

WHERE SHOULD INVOICES BE EMAILED TO: _____

Contact Information

PURCHASING/PRICING NAME: _____

PURCHASING/PRICING E-MAIL: _____

ACCOUNTS PAYABLE NAME: _____

ACCOUNTS PAYABLE E-MAIL: _____

MARKETING NAME: _____

MARKETING EMAIL: _____

SALES MANAGER NAME: _____

SALES EMAIL: _____

PLEASE RETURN BY FAX OR SCAN AND E-MAIL AT YOUR EARLIEST CONVENIENCE

FAX: 843-547-1066 OR E-MAIL: sales@bulldog-fasteners.com