

G. Alexander / 7Twelve

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Business Credit Application

Name/Address

| | | | |
|-------------------|--------|-----------------|-----------------|
| Last: | First: | Middle Initial: | Title |
| Name of Business: | | | Tax I.D. Number |
| Address: | | | |
| City: | State: | ZIP: | |
| Phone: | | | |

Company Information

| | | | | |
|--|--------------------------------------|---|------|--------|
| Type of Business: | In Business Since: | | | |
| Legal Form Under Which Business Operates: | | | | |
| Corporation <input type="checkbox"/> | Partnership <input type="checkbox"/> | Proprietorship <input type="checkbox"/> | | |
| If Division/Subsidiary, Name of Parent Company: | In Business Since: | | | |
| Name of Company Principal Responsible for Business Transactions: | Title: | | | |
| Address: | City: | State: | ZIP: | Phone: |
| Name of Company Principal Responsible for Business Transactions: | Title: | | | |
| Address: | City: | State: | ZIP: | Phone: |

Bank References

| | | | |
|---------------------|--------------------|-------------------|---------------|
| Institution Name: | Institution Name: | Institution Name: | |
| Checking Account #: | Savings Account #: | Home Equity Loan: | Loan Balance: |
| Address: | Address: | Address: | |
| Phone: | Phone: | Phone: | |

Trade References

| | | |
|-----------------------|-----------------------|-----------------------|
| Company Name: | Company Name: | Company Name: |
| Contact Name: | Contact Name: | Contact Name: |
| Address: | Address: | Address: |
| Phone: | Phone: | Phone: |
| Account Opened Since: | Account Opened Since: | Account Opened Since: |
| Credit Limit: | Credit Limit: | Credit Limit: |
| Current Balance: | Current Balance: | Current Balance: |

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein. The terms and conditions of this agreement constitute part of all subsequent orders and sales on open account between the undersigned and G. Alexander / 7Twelve. Terms are NET 30. Invoices are due 30 days from date of issue. Statements are not sent, please pay from invoice. Past due accounts will be charged a 1 ½% per month service charge, an annual rate of 18%. All accounts over 30 days past due are subject to C.O.D. shipments plus outstanding balance. I agree to pay all costs of collection including reasonable attorney fees. No deductions from payments will be credited without prior authorization.

Name _____ Title _____

Signature _____ Date ___/___/___