

CREDIT APPLICATION



Makers of Quality Folding Tables and Chairs...and More!

McCourt Mfg Use Only

Date: _____ New Account No. _____

(Please Print or Type)

Company Name: _____

Mailing Address: _____

Street Address: _____ P.O. Box _____ City _____ State _____ Zip Code _____

Business Telephone: _____ Business Fax: _____ Website _____

Subsidiary or Division of _____

Business is: _____ Proprietorship / Social Security No. ____/____/____ Date Formed _____
_____ Partnership Date Formed _____
_____ Corporation Date Incorporated _____
_____ L L C Chartered in What state? _____

AUTHORIZED OFFICERS OF CORPORATION or PARTNERS or PROPRIETOR

Table with 4 columns: Name, Title, % Ownership, In Charge Of

Name of Accounts Payable Supervisor : _____

Email Address: _____

TYPE OF OPERATION

Rental Distributor Facility

BUILDING: Size (Sq. Ft.) _____ Leased _____ Owned _____

INSURANCE: All Locations

IMPORTANT: Does the applicant succeed a previous business?

Building \$ _____

Yes No If yes, state name and address of prior business. _____

Contents \$ _____

Liability \$ _____

EMPLOYEES: Total Number _____

DUNS NUMBER _____

Amount of credit desired _____

In support of this application, McCourt Manufacturing Inc. is hereby authorized to obtain credit and/or financial information from my/our bank(s), other financial institutions or commercial firms with whom I/we have done business. It is understood that any such credit and/or financial information will be held in strict confidence and used only in consideration of this application and/or for the purpose of collection of debt.

Upon approval of this application, it is agreed that all purchases will be paid in full and in accordance with the terms of sale as stated on McCourt Manufacturing Invoice(s). Should I/we not pay McCourt Manufacturing according to terms, it is understood that credit privileges may be withdrawn. Should McCourt Manufacturing find it necessary to obtain assistance in collecting any past due balance, I/we agree to pay interest at the rate of 1.5% per month (or such other rate allowable by State law), reasonable attorney fees, collection fees and/or court cost allowable by law. A copy of this statement and application has been received.

COMPANY NAME: _____ AUTHORIZED SIGNATURE: _____

TELEPHONE: _____ TITLE: _____

Please attach a copy of most recent financial statement (audited if available) for confidential credit.

TRADE REFERENCES: (Please Print or Type)

**** FAX NUMBER OR EMAIL IS REQUIRED ****

1. Name _____
Address _____
City _____
State, Zip _____
Phone Number _____
****Fax Number** _____
****Email** _____
Account Number _____

2. Name _____
Address _____
City _____
State, Zip _____
Phone Number _____
****Fax Number** _____
****Email** _____
Account Number _____

3. Name _____
Address _____
City _____
State, Zip _____
Phone Number _____
****Fax Number** _____
****Email** _____
Account Number _____

4. Name _____
Address _____
City _____
State, Zip _____
Phone Number _____
****Fax Number** _____
****Email** _____
Account Number _____

BANK

Name _____
Address _____
City _____
State, Zip _____

Phone _____
Fax _____
Bank Account Number _____
Banking Officer _____

Has the applicant filed bankruptcy within the past seven years? Yes No
Has the applicant had any judgments levied against it in the past two years? Yes No
Purchase Order Required? _____
Sales Tax Exemption Certificate Number _____ (copy of certificate is required)

GUARANTY OF INDEBTEDNESS

The undersigned Guarantor(s), in order to induce McCourt Manufacturing Co. to extend credit to applicant herein, does hereby unconditionally, personally, and individually guarantee all sums which may be owed by applicant to McCourt Mfg Company, whether said indebtedness is due now or hereinafter occurred. This Guaranty is continuing, and shall continue to apply to all indebtedness which applicant may hereinafter incur, renew, or extend in whole or in part, with McCourt Mfg. Company, all without notice to the undersigned Guarantor(s). McCourt Mfg. Company may jointly or independently modify the indebtedness, accept or release collateral, or release the applicant, without releasing the undersigned Guarantor(s). If this Guaranty is executed by more than one Guarantor, one or more Guarantors may be released, and such release may be done without notice to the other Guarantor(s). The undersigned Guarantor(s) waives notice of execution of this Guaranty. The Guarantor(s) agrees(s) to pay all costs and expenses, including reasonable attorney's fees, which McCourt incurs in the collection of any indebtedness from the Guarantor(s) to it covered by this agreement, or in the collection of any liability of the Guarantor(s) hereunder. Performance of this Guaranty shall be at Sebastian County, Fort Smith, Arkansas, and the undersigned Guarantor(s) promise to pay the indebtedness and obligations incurred hereunder at Sebastian County, Fort Smith, Arkansas, or as seller may otherwise direct. The parties to this Contract and Guaranty of indebtedness expressly agree that this Contract and Guaranty of indebtedness shall be governed according to the laws of the State of Arkansas.

State of _____
County of _____
Subscribed and sworn to before me this _____ day of _____, 20 _____.

Signed this _____ day of _____ 20 _____

Guarantor

Guarantor

Notary Public