



**APPLICATION FOR CREDIT**

BUSINESS INFORMATION:

NAME	_____		
ADDRESS	_____	YEARS AT THIS ADDRESS	_____
CITY, STATE/ZIP	_____	PHONE	_____
FEDERAL TAX ID	_____		

TO:

HEREBY applies for credit in accordance with the terms and conditions of:  
**COPE CLOSET CONCEPTS**  
 PO Box 423  
 Toccoa, GA 30577  
 706-779-2423

2% 10 Net 30 or 1% 20 Net 30  
 CREDIT TERMS (circle preference)

OWNERSHIP:

<input type="checkbox"/> Corporation <input type="checkbox"/> Check here if incorporated in the last 12 months <input type="checkbox"/> Partnership <input type="checkbox"/> Individual	
Name _____	Name _____
SS#/Date of Birth _____	SS#/Date of Birth _____
Address _____	Address _____
Phone _____	Phone _____

TRADE REFERENCES:

**PLEASE NOTE: INCLUDE EMAIL AND/OR FAX. DO NOT INCLUDE PHONE NUMBERS AS MOST CREDITORS WILL NOT GIVE CREDIT INFO OUT OVER THE PHONE**

1.	_____	_____	_____	EMAIL or FAX # FOR CREDIT DEPT.
	Business Name	Complete Address	Zip	
2.	_____	_____	_____	EMAIL or FAX # FOR CREDIT DEPT.
	Business Name	Complete Address	Zip	
3.	_____	_____	_____	EMAIL or FAX # FOR CREDIT DEPT.
	Business Name	Complete Address	Zip	

Check here if cash sales are okay until credit is approved.  
 We certify that all the information on this form is correct. We fully understand your credit terms and agree to proper payment in consideration of extended credit.  
 Signed \_\_\_\_\_  
 Date \_\_\_\_\_ 20\_\_\_\_ Title \_\_\_\_\_

VERIFICATION:

Please do not write in the space below	
_____ REFERENCES CHECKED BY	<input type="checkbox"/> _____ CREDIT APPROVED BY
_____ REFERENCE RESULTS	_____ DATE

PLEASE COMPLETE THE FOLLOWING PAGE  
PERSONAL GUARANTY

I, (We), \_\_\_\_\_, residing at \_\_\_\_\_ for

and in consideration of your extending at my (our) request to \_\_\_\_\_  
(Name of Company)

(hereinafter referred to as the "Company"), of which I am (we are) \_\_\_\_\_,  
hereby personally guarantee to you the payment of any obligation of the Company and I (We), hereby agreed to bind  
myself to pay you on demand any sum which may become due to you by the Company whenever the company shall fail  
to pay the same. It is understood that this guaranty shall be a continuing and irrevocable guaranty and indemnity for such  
indebtedness of the Company, I (We), do hereby waive notice of default, non-payment and notice thereof and consent to  
any modification of renewal of the credit agreement hereby guaranteed.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Print Name of Guarantor

\_\_\_\_\_  
Signature of Guarantor

\_\_\_\_\_  
SS#

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Address of Guarantor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Print Name of Guarantor

\_\_\_\_\_  
Signature of Guarantor

\_\_\_\_\_  
SS#

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Address of Guarantor

\_\_\_\_\_  
Date

PLEASE BE SURE AN OWNER OR OFFICER OF THE  
COMPANY SIGNS THIS APPLICATION. A NON-  
SIGNATURE BY SAME WILL HOLD UP THE APPROVAL  
OF THE APPLICATION! THANK YOU.

All amounts in arrears to bear interest at the rate of 1.5 percent per  
month until finally paid. If after any default, the holder shall place this  
note with an attorney for collection, then, if permitted by law, the  
undersigned agree to pay all costs and expenses of such action, and a  
reasonable attorney's fee, which fee in no event shall be less than  
Twenty-five (\$25.00) Dollars.

THE ABOVE INFORMATION AS WELL AS THAT GIVEN ON  
THE REVERSE SIDE IS FOR THE PURPOSE OF OBTAINING  
CREDIT AND IS WARRANTED TO BE TRUE. I/WE HEREBY  
AUTHORIZE THE FIRM TO WHOM THIS APPLICATION IS  
MADE TO INVESTIGATE THE REFERENCES LISTED  
PERTAINING TO MY/OUR CREDIT AND FINANCIAL  
RESPONSIBILITY.

Firm Name \_\_\_\_\_

By \_\_\_\_\_ Title \_\_\_\_\_

By \_\_\_\_\_ Title \_\_\_\_\_

Signature (Must be by Officer, Owner or Partner)

**DO NOT USE – FOR CREDIT DEPARTMENT USE ONLY**

Account # \_\_\_\_\_ Credit Limit \_\_\_\_\_

Dun & Bradstreet Rating \_\_\_\_\_ Approved by \_\_\_\_\_