



DISTRIBUTED BY: _____
BRANCH NUMBER <u>225</u>
TERRITORY MGR INITIALS _____
ACCT. NO _____
DATE OPENED _____ Internal Use Only
CHARGE <input type="checkbox"/> CASH <input type="checkbox"/>

P.O. Box 4558 Des Moines, Iowa 50305

CREDIT APPLICATION

PART 1

Company Name (full legal name) _____

Shipping Address _____ County _____

Billing Address _____ Phone _____

City, State & Zip Code _____ Fax _____

Email Address _____

Sole Proprietorship (must sign parts 1 & 2)

Mr. Mrs. Ms. Miss **(Must include middle initial)**

Owner's Name _____ Social Security No _____

Spouse's Name _____ Social Security No _____

Home Address _____ Phone _____

City, State & Zip Code _____ Own Rent

Corporation LLC SUB S If less than one year, complete proprietorship information.

State of Incorporation _____ Federal I.D. No _____

Officers- Pres _____ Home Phone _____

V.P. _____ Home Phone _____

Treas. _____ Home Phone _____

Sec'y _____ Home Phone _____

Other _____ (both partners must sign Parts 1&2)

Name _____ Partnership No./Social Security No _____

Address _____ Home Phone _____

Name _____ Social Security No. _____

Address _____ Home Phone _____

Type of Business? _____

How long have you been in business? _____

Estimated Monthly Credit Requirements? _____

Is this business a defendant in any suits or collection actions? _____

If so, please explain _____

PART 1 CONTINUED

INVOICING:

I would like my invoices

Emailed To _____ Faxed To _____

BANK REFERENCE:

Bank Name _____ Phone _____

Address _____

City, State & Zip Code _____

Type of Account _____ Account No. _____

Banker's Name _____

TRADE REFERENCES: (list at least three places where you buy on open account and include fax numbers.)

Name _____ **Phone** _____ **Fax** _____

Address _____ Account No. _____

City, State & Zip _____ Email _____

Name _____ **Phone** _____ **Fax** _____

Address _____ Account No. _____

City, State & Zip _____ Email _____

Name _____ **Phone** _____ **Fax** _____

Address _____ Account No. _____

City, State & Zip _____ Email _____

Bankruptcy in the last seven years? YES NO

If yes, when _____ where _____ Did you receive a discharge? YES NO

TERMS

Applicant's signature attests financial responsibility, ability and willingness to pay our invoices in accordance with the terms shown on each invoice.

LATE CHARGES

The Applicant agrees to pay late charges of 1.65% per month (19.8% yearly) on all invoices or amounts 30 days or more past due.

TERMS

Should it become necessary to refer the account for collection, I/We jointly and severally further agree to pay all expenses of collection, including court costs and reasonable attorney fees.

The undersigned represents and warrants that the information and statements contained in this Application are true and complete and are made for the purpose of establishing a line of credit. I/We hereby authorize Plumb Supply Company to investigate the references listed pertaining to my/our credit and financial responsibility and to furnish information on applicant's payment performance to credit reporting agencies and other credit inquiries.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE. (Only authorized persons may sign.)

Company Name

X _____
Signature

Signature

Title _____

Title _____

Date _____

Date _____

PART 2

PERSONAL CREDIT INFORMATION/GUARANTY

Must be completed and signed if proprietorship or partnership.

Former Home Address _____ How Long? _____

City, State & Zip Code _____

Previous Employer _____ How Long? _____

Address _____

City, State & Zip Code _____ Phone _____

Please provide the following information on any existing or recent accounts you may have had at a Bank, Finance Company, MasterCard, Visa card or other sources of Consumer Credit.

Name	City/State	Account No.	Mo. Payment	Balance

GUARANTOR(S) AGREEMENT

In consideration for the extension of credit to _____ (the "Debtor") and other good and valuable consideration and in order to induce additional extensions of credit to Debtor, Guarantor(s) hereby individually and severally, absolutely, irrevocable and unconditionally guarantee to Plumb Supply Company (the "Creditor"), its successors and assigns the full and prompt payment, at Des Moines, Iowa, when due, of any and all amounts due and owing at the present time or that may hereafter be due and owing by the Debtor.

This guaranty shall continue in full force and effect until such time as the undersigned shall give written notice of revocation by registered mail. Such notice of revocation shall be ineffective as to any existing indebtedness or as any transaction of commitment previously undertaken by you in reliance upon such guaranty.

This obligation shall cover the renewal of any claims guaranteed by this instrument or extensions of time of payment thereof, without further notice thereof to Guarantor(s).

Guarantor(s) waive all other rights to notice and demand of any nature with respect hereto, and agree to guarantee all amounts owed until such guarantee is terminated.

Guarantor(s) agree to pay all collection costs including attorney fees.

This agreement shall be binding upon the parties hereto, their heirs, legal representatives, successors and assigns.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE, AS WELL AS THE TERMS, LATE CHARGES AND LEGAL CONDITIONS CONTAINED HEREIN. (Only authorized persons may sign)

X _____
Signature

Signature

Date _____

Date _____

Your cooperation in providing the information requested will facilitate the credit decision.

This application will only be considered complete when signed by duly authorized individual(s).

FOLD ALONG DOTTED LINE AND STAPLE AT BOTTOM

PLACE
STAMP
HERE

Plumb Supply Company
P.O. Box 4558
Des Moines, Iowa 50305