

RIVAL BUILD CREDIT APPLICATION

Date: _____ Credit Limit Requested \$ _____

COMPANY INFORMATION

Name _____

DBA (if different) _____

Address _____

City _____ State _____ Zip _____

Phone# _____ Fax _____

Email: _____

Type of company: _____ Corporation _____ Partnership _____ Sole Proprietor _____

Limited Liability Company _____ Other (Specify) _____

Federal Tax ID# or Social security Number _____

How long in business? _____ State where Incorporated: _____

Number of Employees: _____

OWNERSHIP INFORMATION

Please complete the below information for all officers, partners, members and owners. Please attach a separate sheet of paper if more space is required

Name	Title	Ownership %	Home address	Home phone #

BANK REFERENCE

Name of Bank: _____
Bank Address: _____
Bank Phone Number: _____
Contact: _____
Name: _____
Account Number: _____
Type of Account: _____

TRADE REFERENCES

Please list three significant business relationships.

Name	Address	Phone #	Fax or Email/Contact Name

MORTGAGE HOLDER/LANDLORD INFORMATION

Do you rent or own premises that the business occupies? _____
Years at location: _____
Mortgage Holder/Landlord Name: _____
Contact Person: _____
Address: _____
Phone Number: _____

HAS THE COMPANY OR ANY OFFICER, PARTNER, MEMBER, OR OWNER EVER FILLED FOR BANKRUPTCY? YES NO (IF YES ATTACH DETAIL)

HAS YOUR COMPANY OR ANY COMPANY THAT ANY OFFICER, PARTNER, MEMBER, OR OWNER BEEN ASSOCIATED WITH AS AN OFFICER, PARTNER, MEMBER, OR OWNER EVER HAD CREDIT WITH US BEFORE? YES NO (IF YES UNDER WHAT NAME _____)

BY SIGNING BELOW, I CERTIFY THAT I HAVE THE AUTHORITY TO BIND THE COMPANY TO THIS AGREEMENT, AND THAT I AGREE TO CREDITOR'S terms of sale of _____, I also agree and accept that the credit limit and credit terms maybe changed or withdrawn at the sole discretion of the creditor.

The information given herein is offered as a part of a request by the applicant for an extension of credit for commercial business use. The information provided is represented by the applicant to be true, correct and complete. The applicant authorizes creditor to investigate all credit references and other sources pertaining to our credit and financial responsibility, the undersigned authorizes its banks and trade creditors to provide creditor with complete information for the purpose of credit evaluation.

Company Name _____
Applicant Signature _____ Title _____
Print Name _____ Date _____

PERSONAL GUARANTEE

Furthermore, the undersigned agrees and understands that any unpaid balances over 60days (or when sent to collections) there will be a 2% per month (24% APR) charge until the balance is paid in full.

Guarantor Signature _____

Print Name _____

Date _____

In consideration of any credit extended, the undersigned will personally guarantee full and prompt payment of all indebtedness of _____ incurred for merchandise provided by _____. This personal guarantee shall remain in force until its revocation is acknowledged in writing by _____. Revocation shall not affect indebtedness incurred prior to receipt of written notice.

Individual Signature: _____

Print Name: _____

Social Security Number: _____

Date of Birth: _____