



P.O. Box 1964  
Platte City, MO 64079  
(877) 334-2730 - FAX (877) 771-8506  
Email: Info@allamericanpaintco.com

## CREDIT APPLICATION & PERSONAL GUARANTEE

Date: \_\_\_\_\_  
Legal Name \_\_\_\_\_  
Trade Name If Any \_\_\_\_\_  
Address \_\_\_\_\_  
Business Phone \_\_\_\_\_ Business Fax \_\_\_\_\_  
E-Mail \_\_\_\_\_  
Type of Business: Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Individual Business \_\_\_\_\_ Other \_\_\_\_\_

### PRINCIPALS OR OWNERS:

1) Name _____	Home Address _____
Business Title _____	Home Phone _____ SS# _____
2) Name _____	Home Address _____
Business Title _____	Home Phone _____ SS# _____
3) Name _____	Home Address _____
Business Title _____	Home Phone _____ SS# _____

### BANK REFERENCES

Bank Name \_\_\_\_\_ Bank Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Bank Contact \_\_\_\_\_ Type of Account \_\_\_\_\_ Account # \_\_\_\_\_

### TRADE REFERENCES

1) Supplier Name _____	Phone# _____	Fax# _____
2) Supplier Name _____	Phone# _____	Fax# _____
3) Supplier Name _____	Phone# _____	Fax# _____



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We certify that the above information is true and correct and we agree to pay this account in accordance with your credit terms. We authorize you to verify this information and/or obtain additional information by securing data from a credit reporting agency. We understand that all past dues balances will be subject to 1 1/2% per month service charge.

Signed \_\_\_\_\_ Position \_\_\_\_\_ Date \_\_\_\_\_

Signed \_\_\_\_\_ Position \_\_\_\_\_ Date \_\_\_\_\_

### PERSONAL GUARANTEE

For good and valuable consideration, the undersigned (jointly & individually) agree to be personally liable for all indebtedness incurred by the above listed corporation or business entity. The undersigned (jointly & individually) further agree to be personally liable for all indebtedness based on the extension of credit to any other corporation or business entity with which the undersigned is or may be affiliated. If a default in the terms of payment occurs on any account on which the undersigned is or may be liable, and which is placed with an attorney or bonded collection agency, the undersigned (jointly & individually) agree to pay an additional 25% collection charge on the entire unpaid balance.

Signed \_\_\_\_\_ Witness \_\_\_\_\_ Date \_\_\_\_\_

Signed \_\_\_\_\_ Witness \_\_\_\_\_ Date \_\_\_\_\_

**THE USE OF MY CORPORATE TITLE IS ONLY TO IDENTIFY MY POSITION IN THE COMPANY AND IN NO WAY NEGATES MY PERSONAL GUARANTEE.**