

**CREDIT APPLICATION AND PERSONAL GUARANTY**

NAME: \_\_\_\_\_ TAX ID # \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY, STATE, ZIP \_\_\_\_\_  
PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ HOME: \_\_\_\_\_ FAX: \_\_\_\_\_  
TYPE OF BUSINESS: \_\_\_\_\_ CORPORATION \_\_\_\_\_ SOLE PROPRIETORSHIP \_\_\_\_\_ PARTNERSHIP YEAR FOUNDED: \_\_\_\_\_

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**OWNERS, OFFICERS OR PARTNERS**

NAME: _____	NAME: _____
ADDRESS: _____	ADDRESS: _____
CITY, ST, ZIP: _____	CITY, ST, ZIP: _____
E-MAIL ADDRESS: _____	E-MAIL ADDRESS: _____

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ACCOUNTS PAYABLE CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_  
E-MAIL ADDRESS: \_\_\_\_\_ FAX: \_\_\_\_\_  
Please indicate your preference to receive invoices and statements: E-mail \_\_\_\_\_ or Fax: \_\_\_\_\_

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**TRADE REFERENCES**

NAME: _____	NAME: _____
ADDRESS: _____	ADDRESS: _____
CITY, ST, ZIP: _____	CITY, ST, ZIP: _____
PHONE: _____ FAX: _____	PHONE: _____ FAX: _____
NAME: _____	NAME: _____
ADDRESS: _____	ADDRESS: _____
CITY, ST, ZIP: _____	CITY, ST, ZIP: _____
PHONE: _____ FAX: _____	PHONE: _____ FAX: _____

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**BANKING REFERENCE**

NAME: _____	NAME: _____
ADDRESS: _____	ADDRESS: _____
CITY, ST, ZIP: _____	CITY, ST, ZIP: _____
ACCOUNT TYPE: _____	ACCOUNT TYPE: _____
ACCOUNT NO. _____	ACCOUNT NO. _____

**IMPORTANT PLEASE READ CAREFULLY**

We hereby make application for credit. If credit is granted, we agree to pay all invoices within the terms of the sale and/or delivery of materials and supplies by Shook Manufactured Products, Inc. ("Credit Grantor"), to us or the project site. We agree to pay a service charge of \$25.00 or 5% whichever is greater, for any checks returned from our bank unpaid, for any reason. We understand that a service charge may be assessed on any unpaid balance equal to the maximum allowed by law. Should collection action be taken to secure payment, we will be liable for all collections expenses, including collection agency fees hereby set at the rate of 25% and/or attorney fees hereby set at the rate of 33% and for all court costs. We agree not to transfer this agreement without the credit grantor's written consent. We attest that the information provided herein is accurate and complete to the best of our/my knowledge. The information is given for the sole purpose of establishing credit.

**AUTHORIZATION**

Authorization is hereby given to make inquiry of all trade, banking, and financial sources which are deemed necessary by Shook Manufactured Products, Inc .

**PERSONAL GUARANTY**

In consideration of the credit extension by credit grantor, to the above listed applicant, the undersigned, individually and personally does hereby guarantee, unconditionally, full and prompt payment of any and all past, present, and future obligations/indebtedness of application and/or any successor in interest of any kind whatsoever to the applicant as owed to credit grantor. Undersigned hereby waives all notices of acceptance of this guaranty, notice of rendering of services and/or delivery of materials and supplies by credit grantor and notice of default or change or extension of credit terms. This is a continuing guaranty of payment of the obligations/indebtedness by undersigned for all future obligations of applicant and/or any successor in interest of any kind whatsoever to the applicant, which continuing guaranty may only be revoked in writing to credit grantor, via certified mail, return receipt requested to credit grantor's above listed address. This revocation of the continuing guaranty does not affect undersigned's liability for any obligations/indebtedness incurred by the applicant or its successors of any obligation the creditor is bound to permit the applicant to incur at the time the written notice is received, not may it prejudice the credit grantor. Undersigned further understand that he/she shall be liable for all amounts per the terms and conditions of the Credit Application and Personal Guaranty Agreement, including all collection expenses, including collection agency fees hereby set at the rate of 25% and/or attorney fees hereby set a the rate of 33% and for court costs.

**SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

\_\_\_\_\_  
**CORPORATE NAME**

\_\_\_\_\_  
**PRINT NAME OF OFFICER SIGNING & TITLE**