# Under Pressure Connections Credit Application

# Name/Address

|  |  |
| --- | --- |
| Last: First: Middle Initial: | Title |
| Name of Business: | Tax I.D. Number |
| Address: |
| City: State: ZIP: Phone:  |
| Email address or Fax number to issue invoices/statements to: |
| Is PO # required? |

## Company Information

|  |
| --- |
| Type of Business: In Business Since: |
| Legal Form Under Which Business Operates:  Corporation  Partnership  Proprietorship  |
| If Division/Subsidiary, Name of Parent Company: In Business Since: |
| Name of Company Principal Responsible for Business Transactions: Title: |
| Address: City: State: ZIP: Phone: |
| Name of Company Principal Responsible for Business Transactions: Title: |
| Address: City: State: ZIP: Phone: |

## Bank References

|  |  |  |
| --- | --- | --- |
| Institution Name: | Institution Name: | Institution Name: |
| Checking Account #: | Savings Account #: | Home Equity Loan: | Loan Balance: |
| Address: | Address: | Address: |
| Phone: | Phone: | Phone: |

## Trade References

|  |  |  |
| --- | --- | --- |
| Company Name: | Company Name: | Company Name: |
| Contact Name: | Contact Name: | Contact Name: |
| Address: | Address: | Address: |
| Phone: | Phone: | Phone: |
| Account Opened Since: | Account Opened Since: | Account Opened Since: |
| Credit Limit: | Credit Limit: | Credit Limit: |
| Current Balance: | Current Balance: | Current Balance: |

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein. I agree to pay all invoices from 30 days of the invoice date.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##  *Signature Date*

Tax Exempt yes no If yes please include form

Page one and two must be completely filled out.

Individual Personal Guaranty

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *(Individual Name)*

Residing at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *(Individual personal address, city, state, zip)*

For and in consideration of Under Pressure Connections LLC

Extending credit to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *(Name of business on credit application applying for credit)*

(hereafter referred to as the “Company”) of which and in reliance on any guaranty of said credit,

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby personally guarantee to you the payment of any

 *(Individual Name)*

obligation of the Company and I hereby agree 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 do hereby waive notice of default, nonpayment and notice thereof and consent to

any modification or renewal of the credit agreement hereby guaranteed. The Officer(s) of the Company

must sign below as individuals – signatures only, no corporate titles.

 Driver’s License # and state \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Print Individual’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_