

INSULATED TRANSPORT PRODUCTS
834 S. Davis Rd.
LaGrange, GA 30241 USA
1-706-882-6343
1-706-882-9536 FAX

Please send a copy of your SALES TAX EXEMPT CERTIFICATE with this credit application. Thank you.

Please return via fax to (706) 882-9536

CREDIT APPLICATION

Date _____

Legal Name of Business _____

Address _____

Mailing Address (If different) _____

Phone Number _____

Fax Number _____

Is this business:

Incorporated Partnership Sole Owner

Year Business Started _____

Are bills paid from your location? _____

Type of Business _____

Sales Tax Exempt No. _____

Name of Bank _____

Account No. _____

Address _____

Telephone no. _____

Contact _____

Dunn & Bradstreet No. _____

List Home Address and Phone Numbers of Officers, Partners, Or Owners:

Credit or Trade References – Please List a Minimum of Four Credit or Trade References and Their Fax Numbers so That We May Contact Them.

Name _____

Address _____

Telephone Number _____

Fax Number _____

Name _____

Address _____

Telephone Number _____

Fax Number _____

Name _____

Address _____

Telephone Number _____

Fax Number _____

Name _____

Address _____

Telephone Number _____

Fax Number _____

The information given is for the purpose of obtaining credit and is warranted to be true. I/We hereby authorize Insulated Transport Products to investigate the references listed pertaining to my/our credit and financial responsibility.

The parties' agreement shall be construed according to the laws of the said state and any action thereon may be brought in the said state.

In consideration of Insulated Transport Products extending credit, we do hereby agree jointly and severally to pay for all goods, wares and merchandise supplied to any of us and/or the afore named business. Party agrees to pay a 2% interest on any overdue balance each month. In the event it becomes necessary to place the account with an attorney or agency for collection, we agree to pay all costs of collection including reasonable attorney fees.

Signed _____
Print Name _____
Date _____

Title _____
Company Name _____
Please allow 2-3 weeks for processing

FOR INSULATED TRANSPORT PRODUCTS USE ONLY

APPROVED

CREDIT LIMIT _____

DECLINED

ACCOUNT NUMBER _____

INITIALS: _____ **DATE:** _____

PERSONAL GUARANTEE

DATE _____

I, _____ residing at _____
(name) (address)

_____ for and in consideration of you extending credit at my request to
_____ (hereinafter referred to as the "Company"), of
(Name of Company)

which I am _____, hereby personally guarantee to you payment of
(title)

Account in the state of Illinois of any obligation of the company and I hereby agree to bind myself to you any demand any sum may become due to you by the company whenever the company shall fail to pay. It is understood that this guaranty shall be a continuing and irrevocable guarantee and indemnity for such indebtedness of the company. I do hereby waive notice of default, non-payment and notice thereof and consent to any modification or renewal of the credit agreement hereby guaranteed.

Signature _____
Print Name _____

Date _____
Witness _____