

CREDIT APPLICATION

Business Name:		Federal ID #			
Phone: ()					
Business Address:	.)			*	
Billing Address, if					
Ownership: { }	Sole Owner {	} Corporati	on {	} Partnership	
Owner/Principal:			Title:	SSN:	
Home Address:				Home Phone: ()
Owner/Principal:			Title:	SSN:	
Home Address:					
Owner/Principal:			Title:	SSN:	
Home Address:					
How long has presen	t ownership ope	erated under	this compa	ny name?	
		BANKS REF	ERENCES		
Name of Bank:				Acct #	
Contact:)
City:)
Name of Bank:					
Contact:)
City:	State:	Type:		Fax # ()
		TRADE REF	ERENCES		
Company Name:				Acct #	
Address:)
City:)
Company Name:					
Address:					_)
City:)
Company Name:					
Address:)
City:)

P.O. BOX 840 – LIVINGSTON, TEXAS USA 77351 800/227-7515 – 936/327-3121 – FAX 936/327-4025

Has the company or any of its Pr	rincipals ever been b	oankrupt? Yes	No
If yes,			
Explain:			
	e e		
Person to Contact About Account:	Name	Title	Phone
In consideration for the extension purchases within the terms agreed 14% (18% annual percentage rate) are employed to collect any outsigness to pay reasonable collect litigation has commenced, and all	ion of credit, said bed (Net 30) and agree on all past due bastanding monies owed tion costs, including	es to pay a service Lances. In the even by said business th g attorney fees, whe	charge per month of t any third parties e undersigned
The undersigned represents that on behalf of the business identiconsidered evidence of fraud, sicredit. As an inducement to grasubmitted is true and correct. credit references and principles	fied. Any misreprese ince this information ant credit, the under Little Beaver, Inc.	entation in this app n is the basis for t rsigned warrants tha	lication will be he extending of the the information
This agreement is governed by the County, Texas, which shall be the			formable in Polk
Name of Business:			
Printed Name	Title		Signature
Printed Name	Title		Signature
By signing the Application, I acobligations of my business and a terms of and make all payments t	agree that I am perso	ve personally guaran	perform all of the
this Application is a part.	to little beaver, in	. required by, the	agreement of which
Date:	Name:	e of the person guar	ventering nermont)
Home Address:			anteeing payment)
Home Phone # ()	SSN _		
Signature of person guaranteeing	g payment		8
Name of Rusiness whose account i			