



Beaumont Products, Inc.

**CREDIT APPLICATION
(PLEASE TYPE OR PRINT)**

BUSINESS NAME: _____

STREET ADDRESS: _____

CITY, STATE, ZIP CODE: _____

TELEPHONE & FAX#: AREA CODE (_____)
TELEPHONE FAX

NAME OF OWNER(S) : _____

SOLE PROPRIETORSHIP: _____ SINCE _____ YEARS _____

PARTNERSHIP: _____ SINCE _____ YEARS _____

CORPORATION: _____ SINCE _____ YEARS _____

TRADE REFERENCES :

PLEASE PROVIDE THE REQUESTED INFORMATION **COMPLETELY** OR THE APPLICATION WILL NOT BE PROCESSED!

1) _____
COMPANY NAME STREET ADDRESS CITY, STATE, ZIP

TELEPHONE NUMBER FAX NUMBER ACCOUNT NUMBER

2) _____

3) _____

4) _____

RANK REFERENCE :

_____ BANK NAME STREET ADDRESS CITY, STATE, ZIP

TELEPHONE NUMBER FAX NUMBER ACCOUNT NUMBER

I AUTHORIZE YOU TO VERIFY THE ABOVE INFORMATION:

SIGNATURE: _____



Beaumont Products, Inc.

APPLICANT HEREBY AGREES TO PAY LATE PAYMENT OF 1.5 % PER MONTH OR AS ALLOWED BY LAW ON ALL OVERDUE ACCOUNT CHARGES WHICH ARE PAYABLE ACCORDING TO THE TERMS OF OUR INVOICES UNLESS OTHERWISE PRE-ARRANGED WITH THE CREDIT DEPARTMENT. SHOULD IT BECOME NECESSARY FOR BEAUMONT PRODUCTS, INC. TO FILE SUIT TO ENFORCE PAYMENT OF SUCH CHARGES, APPLICANT AGREES HEREBY THAT SUCH SUIT MAY BE BROUGHT IN THE STATE OF GEORGIA, COUNTY OF COBB COUNTY AT SELLERS OPTION AND SELLER SHALL BE ENTITLED TO COURT COSTS, ATTORNEYS FEES AND INTEREST AT THE RATE OF 10% PER ANNUM OF AMOUNTS FOUND TO BE DUE AND PAYABLE.

I HEREBY CERTIFY THE FOREGOING TO BE TRUE TO THE BEST OF MY KNOWLEDGE AND AGREE TO THE ABOVE TERMS.

LINE 1. DATED _____, 20____ _____
(SIGNATURE OF APPLICANT)

(TITLE)

FOR VALUABLE CONSIDERATION GIVEN OR TO BE GIVEN, THE UNDERSIGNED HEREBY GUARANTEES TO PAY ALL INDEBTEDNESS OR LIABILITY INCURRED IN THE NAME OF THE APPLICANT FIRM WITHOUT QUALIFICATION OR LIMITATION. THIS GUARANTEE SHALL INURE TO THE BENEFIT OR BIND THE HEIRS, ADMINISTRATORS, EXECUTORS, SUCCESSORS AND ASSIGNS OF THE PARTIES HERETO.

LINE 2. DATED _____, 20____ _____
(INDIVIDUAL)