



Application for Credit



Company Name: _____

Trade Name/d.b.a.: _____

Address: _____

Telephone: _____ Fax: _____ e-mail: _____

Business Structure: <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Subsidiary <input type="checkbox"/> Limited Liability Company	If subsidiary, Parent company is: Name: _____ Address: _____ Phone: _____
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Name of Officers, Owners:

1) Name: _____ Title: _____

2) Name: _____ Title: _____

3) Name: _____ Title: _____

Financial Information:

Date Business Established: _____ # of Employees: _____ Annual Sales: _____

TAX EXEMPT: <input type="checkbox"/> YES <input type="checkbox"/> NO TAX I.D. # _____ (Please include a copy of your tax certificate)

AMOUNT OF CREDIT LINE REQUESTED: \$ _____

VENDORS	STREET ADDRESS, CITY AND STATE	PHONE AND FAX

Dun and Bradstreet Number: _____

Bank: _____ Branch: _____

ACCOUNT NUMBER	BANK REPRESENTATIVE	STREET ADDRESS, CITY AND STATE	PHONE AND FAX

Please indicate what information you require on your invoices:

Purchase Order Job Numbers Person's Name Ordering
 All of the above Other: _____

AGREEMENT

Upon approval, Applicant agrees that extension of credit by **edisc** shall be subject to following:

Payment terms are net 30 days from invoice.

All disputed invoices or returned items must be claimed in writing within 10 days of invoice date.

The undersigned hereby authorizes the above mentioned banks and companies to release the information requested and authorizes **edisc** to obtain any investigative credit reports on applicant.

The undersigned agrees to the terms and conditions stated herein and attests to the financial responsibility, ability and willingness of the Applicant to pay our invoices in accordance with our terms.

Should any tax hereafter be imposed by law, government agency and/or board, affect the merchandise billed hereinafter, applicant accepts the responsibility to pay such tax, in addition to the invoice amount, directly to the proper taxing authority.

The undersigned agrees that delinquent accounts may be converted to a cash on delivery payment basis and, at the sole discretion of **edisc**, may be subject to a service charge on past-due amounts of eighteen (18%) per annum. Customer also agrees to pay any and all collections fees incurred by **edisc**, during the pursuit of delinquent accounts.

If a check is returned to **edisc** by the customer's bank for any reason, appropriate charges, as provided for by applicable state laws, shall be imposed to the customer. The customer is required to replace the returned check plus any and all charges with cash or certified funds.

edisc IS AUTHORIZED TO CONTACT ALL REFERENCES CONTAINED IN THIS APPLICATION WHO ARE AUTHORIZED TO RELEASE ANY INFORMATION TO IT RELATING TO APPLICANT'S CREDIT HEREIN.

Name: _____ Signature: _____ Title: _____ Date: _____
(please print) (by officer or applicant)

INDIVIDUAL PERSONAL GUARANTY

FROM: _____
(hereafter referred to as Guarantor)

TO: **edisc** (Obligee)

CONCERNING: Account payable by _____
(hereafter Obligor) to **edisc**

I, _____ (authorized person) resident at _____
(home address)

for and in consideration of **edisc** extending credit at my request to _____
(company name)

of which I am _____ (title), hereby personally guarantee to **edisc** the payment at 7255 South Havana Street, Suite 130, in Arapahoe County, Englewood, CO 80112 of any obligation of the company and I hereby agree to bind myself to pay **edisc** on demand any sum which may become due to **edisc**, by the company whenever the company shall fail to pay the sum. It is understood that this guaranty shall be continuing and irrevocable guaranty and indemnify 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.

Witness _____ Date _____ Signature _____

For Office Use Only: Approved Declined

Consultant: _____ Date/Time Received: _____

Status: _____ Credit Limit: _____

Signature/Date: _____

edisc
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