

Application for Business Credit

Mail Complete Application to: Heath Sales and Service, Inc.
518 E. 16th Street, Kansas City, MO 64108 (816) 421-3330
or Fax to (816) 421-3770
www.heathtoolsupply.com

ACCOUNT INFORMATION Please Type or Print (Must be Completed in Full)

BILL TO: Buyer _____ **SHIP TO:** Name _____
Address _____ Address _____
City _____ State _____ Zip _____ - _____ City _____ State _____ Zip _____ - _____
Phone () - Fax () - _____ Purchase Order Required? _____
Credit Limit Requested \$ _____ Nature of Business _____ Year Established _____

Corporation Partnership Sole Proprietorship LLC Federal ID# _____ Resale # _____

Owners / Officers / Partners

Name _____ Title _____ SS# _____
Name _____ Title _____ SS# _____
Name _____ Title _____ SS# _____

BANKING INFORMATION

Bank Name _____ Officer _____
Bank Location _____ Phone () - _____ Fax () - _____

TRADE REFERENCES

Name _____ Address _____ Phone() - _____ Fax () - _____
Name _____ Address _____ Phone() - _____ Fax () - _____
Name _____ Address _____ Phone() - _____ Fax () - _____

Credit Terms And Conditions

In the event Heath Sales and Service, Inc. agrees to allow credit purchases, it is agreed and understood that, until changed by Heath Sales and Service, Inc., the following conditions will apply:

- (1) All credit accounts are due and payable without discount according to the terms established at the time of credit approval.
- (2) Heath Sales and Service, Inc., may decline to allow further credit purchases if any portion of the account is past due.
- (3) A finance charge of 1.5% per month on the unpaid account balance may be assessed on all past due accounts.
- (4) The privilege of making credit purchases will be terminated if there is any change in the distributor's ownership, maagement, or form of business organization unless Heath Sales and Service Inc., is notified and agrees tosuch change.

Your signature certifies the above information as true and correct and authorizes **Heath Sales and Service Inc.**, to contact the above references, and any others that might be of value in reviewing this application. Signature also acknowledges responsibility for any collection costs incurred by Heath Sales and Service Inc., should default on payment occur. A service charge of 1-1/2% per month may also be added for any invoice amounts remaining unpaid which are past due.

By: _____ Title: _____
Authorized Signature: _____ Date _____
(Owner, Partner, or Corporate Officer)

PERSONAL GUARANTEE

The undersigned guarantees fully, without reservation or offset, the payment of any sums due from the above noted "Applicant" in the event said Applicant fails to pay any such sum when and as due. The undersigned waives notice default and demand for payment and agrees to pay all expenses of collection, including reasonable attorney's fees and any applicable interest thereon. This guaranty shall be enforceable as to all. The undersigned hereby gives permission to use any tools necessary to determine credit worthiness.

Name: _____ Social Security #: _____ - _____ - _____ Signature: _____ Date: _____

For Office Use Only:

Approved By: _____ Account# _____ Salesman: _____