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**CREDIT APPLICATION**

Name of Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ No. Years in Business \_\_\_\_\_

Branches: \_\_\_\_\_ Nature of Business: \_\_\_\_\_

Product Lines: \_\_\_\_\_

Check one of the following: Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Individual \_\_\_\_\_

Date of Incorporation: \_\_\_\_\_ Date of Partnership Agreement: \_\_\_\_\_

Principal Members of Firm:

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_ Phone No. \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_ Phone No. \_\_\_\_\_

Are you a subsidiary of another firm? Yes \_\_\_\_\_ No \_\_\_\_\_

Name and address of parent company: \_\_\_\_\_

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State Resale Certificate Number: \_\_\_\_\_

**BUSINESS CREDIT REFERENCES**

Company Name: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Company Name: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Company Name: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Company Name: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

**WAIVER OF VENUE/AGREEMENT TO PAY ATTORNEY'S FEES**

IN THE EVENT that this account is turned over to an attorney for collection, I personally (or on behalf of my company in my representative capacity); 1. Consent to suit being brought in Cleburne County, Arkansas and hereby waive all right to having venue in my (or the company's) home county. 2. Agree to pay all costs and attorney's fees incurred in such a suite.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

**PERSONAL GUARANTEE ON CHARGE ACCOUNT**

FOR VALUABLE CONSIDERATION, and as a part of the consideration for the opening of the above charge account, the undersigned, hereby jointly and severally, agrees to be personally liable for and does hereby personally guarantee the payment of all charges made to this account for all amounts due thereon.

Date: \_\_\_\_\_ Signed by: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Social Security #: \_\_\_\_\_

**BANK REFERENCE**

Name of Bank: \_\_\_\_\_ Account# \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Fax: \_\_\_\_\_ Person to Contact: \_\_\_\_\_

Time affiliated with this bank: \_\_\_\_\_

If less than 2 years, list previous bank: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Fax: \_\_\_\_\_

I authorize the release of credit information to **Gar-Bro Mfg. Co., Inc.**

The information contained in the transmission is privileged and confidential.

Company Name: \_\_\_\_\_

Signature: \_\_\_\_\_  
Corporate Officer, Partner, or Owner

Title: \_\_\_\_\_

Date: \_\_\_\_\_