



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

231 Bug Eye Square  
Prince Frederick, MD 20678  
Phone: 410-535-3737  
Fax: 410-535-6234  
www.choicestairways.com

### CREDIT APPLICATION

Please print or type. Fill out form completely to avoid delays in processing.

<b>Name:</b>			
<b>Address:</b>		City	State
		Zip Code	
<b>Telephone Number:</b>		<b>Fax Number:</b>	
<b>Email Address:</b>		<b>Number Of Years In Business:</b>	
<b>Type:</b> Corporation    LLC Partnership    Individual			
<b>Sales Tax Exemption:</b> No    Yes    If Yes, Exemption No. <i>(Please attach certificate)</i>			

List of all officers or partners:	
Name:	Position:
Name:	Position:
Name:	Position:

Accounting Contact:	
Name:	Phone:

Purchasing Agent Contact:	
Name:	Phone:

If company previously operated under another name:	
Name:	
Location:	Length of Operation:

Four credit references with whom you have done business for at least one year:	
Name:	Phone Number:
Address:	Fax Number:
Account #:	Contact:
Name:	Phone Number:
Address:	Fax Number:
Account #:	Contact:
Name:	Phone Number:
Address:	Fax Number:
Account #:	Contact:
Name:	Phone Number:
Address:	Fax Number:
Account #:	Contact:

Name of bank that handles your business accounts:	
Name:	Account Number:
Contact:	Phone Number:

## SIGNATURE PAGE

**Business guarantee must be signed and notarized prior to credit approval.**

### BUSINESS GUARANTEE

I/We certify that the above information is true and correct. In consideration of Choice Stairways, Inc extending credit pursuant to this credit application, the undersigned agrees to pay all charges incurred by the applicant. The terms of this account are Net 30 Days. A service charge of two percent (2%) per month shall be assessed on all past due balances. The undersigned agrees to pay all costs and expenses incurred in enforcing this Agreement and collecting all past due and delinquent amounts, including all out of pocket expenses, court costs, and attorney's fees equal to twenty percent (20%) of all past due balances. Customer agrees to apply any balance due on their account to any card accounts on file. The undersigned acknowledges that credit extended hereunder may be suspended and/or terminated at any time within the sole and absolute discretion of Choice Stairways, Inc. The undersigned also acknowledges that the liability of the account is not limited to the credit line awarded, however, does extend to all purchased and shipped material, special order products, and labor. The undersigned further authorizes the above banking and other credit references to release to Choice Stairways, Inc any information requested by Choice Stairways, Inc. in our review process.

**Applicant:** *(Must be signed by owner or legal partner)*

**X**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

### INDIVIDUAL GUARANTEE

In consideration of Choice Stairways, Inc. extending credit to the applicant of this agreement, the following individual(s) jointly, and severally, personally guarantee the payment of all charges, costs, and expenses incurred by the Applicant(s). The undersigned waives demand and notice of nonpayment and agrees to pay all costs and expenses incurred in enforcing this agreement and collecting all past due and delinquent amounts, including all out of pocket expenses, court costs, and attorney's fees equal to twenty percent (20%) of all past due balances. The undersigned acknowledges that all terms and conditions expressed in the above business guarantee apply to this portion of the application as well.

**Applicant:** *(Must be signed by owner or legal partner)*

**X**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

**Applicant:** *(Must be signed by owner or legal partner)*

**X**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

**Applicant:** *(Must be signed by owner or legal partner)*

**X**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

**Notary:**

Personally appeared before me, a Notary Public, in and for said county and state on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, the within named \_\_\_\_\_, known to me or satisfactorily proven, to be the person whose name is subscribed to the within instrument and who acknowledges that he/she/they (strike one) execute the same for the purposed therein contained.

Notary Public \_\_\_\_\_ My Commission Expires \_\_\_\_\_