

## CREDIT APPLICATION & AGREEMENT

Please Indicate    Corporation    Proprietorship    Partnership    Municipality

Legal Company Name \_\_\_\_\_ In business since \_\_\_\_\_

Physical Location/Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZipCode \_\_\_\_\_

NOTE: If you are in Arkansas,  
please provide your County:

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZipCode \_\_\_\_\_

Telephone \_\_\_\_\_ FAX \_\_\_\_\_ Cell Phone \_\_\_\_\_

Primary type of business activity (Example: underground construction, general construction, farm, etc.)  
\_\_\_\_\_

President (or Partner) \_\_\_\_\_ Social Security # \_\_\_\_\_

Vice-President (or Partner) \_\_\_\_\_ Social Security # \_\_\_\_\_

Sec-Treas (or Partner) \_\_\_\_\_ Social Security # \_\_\_\_\_

### ▪ **BANKING REFERENCE** \_\_\_\_\_ **(This information is NOT required from municipalities.)**

Bank Name \_\_\_\_\_ Telephone \_\_\_\_\_

BankAddress \_\_\_\_\_

Checking Acct # \_\_\_\_\_ Savings Acct # \_\_\_\_\_

Loans?    No    Yes   Loan Officer or Other Contact \_\_\_\_\_

### ▪ **CREDIT REFERENCES** (with at least one year's payment experience) \_\_\_\_\_ **(This information is NOT required from municipalities.)**

1. Company Name \_\_\_\_\_ Contact Name or Account # \_\_\_\_\_

Telephone \_\_\_\_\_ FAX \_\_\_\_\_

2. Company Name \_\_\_\_\_ Contact Name or Account # \_\_\_\_\_

Telephone \_\_\_\_\_ FAX \_\_\_\_\_

3. Company Name \_\_\_\_\_ Contact Name or Account # \_\_\_\_\_

Telephone \_\_\_\_\_ FAX \_\_\_\_\_

**CREDIT APPLICATION AND AGREEMENT**

**BONDING COMPANY** (if applicable) \_\_\_\_\_  
**(This information is NOT required from municipalities.)**

Company Name \_\_\_\_\_ Telephone \_\_\_\_\_ FAX \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**OTHER INFORMATION** \_\_\_\_\_

Will you send us Purchase Orders?  Yes  No

Do you pay Sales Tax?  Yes  No — **You MUST attach a copy of your tax exemption certificate.**  
**(This certificate is NOT required from municipalities.)**

Other Instructions \_\_\_\_\_

Accounts Payable Contact \_\_\_\_\_ Telephone \_\_\_\_\_

E-mail (if used) \_\_\_\_\_

**AGREEMENT** \_\_\_\_\_

The undersigned agrees that, should credit be extended, payments are to be made in accordance with the terms set forth on invoices. If any payment is past due more than 30 days, late charges will accrue at the rate of 1.5% per month thereafter on the unpaid balance. Should the services of an attorney be required to collect the amounts due plus late charges, the undersigned agrees to pay an additional 25% of the said total balance, plus all other costs of collection.

All orders are subject to the terms, conditions, and warranty limitations contained in Trench Safety's rental and sales agreements. A copy is available upon request.

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PERSONAL GUARANTY** \_\_\_\_\_

**Required for businesses open less than three years, for all proprietorships, and for all partnerships.**  
**(This information is NOT required from municipalities.)**

The undersigned Guarantor(s), as an inducement to TrenchSafety to extend credit, jointly and severally and unconditionally guarantee(s) all obligations of the above account, including payment of all costs of collection and a 25% attorney fee on the unpaid balance including late charges and interest. Guaranty may not be revoked without written acceptance by TrenchSafety.

**Guarantor Printed Name** \_\_\_\_\_

Guarantor Signature \_\_\_\_\_ Date \_\_\_\_\_

**Guarantor Printed Name** \_\_\_\_\_

Guarantor Signature \_\_\_\_\_ Date \_\_\_\_\_

**Guarantor Printed Name** \_\_\_\_\_

Guarantor Signature \_\_\_\_\_ Date \_\_\_\_\_

Once completed, print **both pages** and sign the form.  
Then either FAX both pages to **(901) 346-4863** OR  
Scan and e-mail them to **accounts@TrenchSafety.com**

**Thanks!**  
**Questions? (901) 346-5800**