

Account Number  
(For Office Use Only)

# CREDIT APPLICATION/AGREEMENT FORM

LEGAL NAME OF APPLICANT(S): \_\_\_\_\_

TRADE NAME OF APPLICANT(S): \_\_\_\_\_ EIN or SSN: \_\_\_\_\_

OFFICERS/OWNERS NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

OFFICERS/OWNERS NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

TELEPHONE: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_ WEBSITE: \_\_\_\_\_

DUN & BRADSTREET #: \_\_\_\_\_ DATE BUSINESS ESTABLISHED: \_\_\_\_\_

LENGTH OF TIME AT CURRENT ADDRESS: \_\_\_\_ ENTITY (Check One.)  Corporation  Limited Liability Co.  Partnership  Proprietorship

TERMS REQUESTED: NET TERMS CREDIT LIMIT \_\_\_\_\_ COD \_\_\_\_\_ PREPAID (WIRE TRANSFER, ACH) \_\_\_\_\_

SHIPPING ADDRESS: \_\_\_\_\_

A/P CONTACT: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_ PHONE #: \_\_\_\_\_

**\* BANK, TRADE REFERENCES & CURRENT FINANCIAL STATEMENTS ARE REQUIRED FOR NET TERMS \***

**BANK REFERENCES:** (1) \_\_\_\_\_ (2) \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

ACCOUNT NUMBERS: \_\_\_\_\_

BANK HOLDS SECURITY INTEREST? Yes \_\_\_\_\_ No \_\_\_\_\_

Yes \_\_\_\_\_ No \_\_\_\_\_

**TRADE REFERENCES:**

**PLEASE FAX BACK TO: (405) 840-2350**

<i>NAME</i>	<i>CITY/STATE</i>	<i>TELEPHONE #</i>	<i>FAX #</i>	<i>ACCOUNT #</i>

**IN CONSIDERATION OF THE EXTENSION OF CREDIT BY ID SPECIALISTS, INC., APPLICANT AGREES TO THE FOLLOWING TERMS:**

1. The terms of payment are net 30 days.
2. Current or year end financial statements will be supplied to I.D. Specialists, Inc. upon request.
3. In the event of default in payment, if the account is placed with an attorney or collection agency, applicant agrees to pay all the expenses and costs of collection to include reasonable attorneys fees.
4. THIS AGREEMENT SHALL BE GOVERNED BY THE LAWS OF THE STATE OF OKLAHOMA AND APPLICANT CONSENTS TO THE JURISDICTION OF THE COURT OF THE STATE OF OKLAHOMA FOR OKLAHOMA COUNTY OR ANY FEDERAL DISTRICT COURT HAVING JURISDICTION THEREIN FOR THE DETERMINATION OF ALL DISPUTES ARISING UNDER THIS AGREEMENT.
5. Applicant authorizes I.D. Specialists, Inc., or any credit bureau or other investigative agency employed by I.D. Specialists, Inc., to investigate the references listed herein for verification and to thereafter obtain, from time to time, credit reports to evaluate its creditworthiness.

PRINT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

Please fax credit application to: (405) 840-2350



2525 NW Expressway Suite 513  
Oklahoma City, OK 73112-7200  
Phone: 405.840.2323 (local)  
Fax: 405.840.2350  
www.idspecialists.com

**800.232.6130**

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## THE FOLLOWING SECTION MUST BE COMPLETED IF CUSTOMER IS NOT INCORPORATED PRINCIPAL (Owner/Partner) INFORMATION (Use separate sheet if necessary to list 100% ownership)

The undersigned individual who is either a principal of the credit applicant or a sole proprietor of the credit application, recognizing that his or her individual credit history may be a factor in the evaluation of the credit history of the applicant, hereby consents to and authorizes the use of a consumer credit report on the undersigned by the above named business credit grantor in the credit evaluation process.  
**A signature is required for individuals releasing their credit history.**

SIGNATURE: \_\_\_\_\_ TITLE: \_\_\_\_\_

NAME OF OWNER, PARTNERS OR OFFICERS & TITLES:

NAMES: (1) \_\_\_\_\_ (2) \_\_\_\_\_

ADDRESSES: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_

PREVIOUSLY FILED BANKRUPCY, DATES FILED:  YES  NO \_\_\_\_\_  
Date filed Status

SIGNATURE (S) \_\_\_\_\_

*IF THE APPLICANT IDENTIFIED IS A PARTNERSHIP, THE FOLLOWING PERSONAL GUARANTY MUST BE SIGNED BY ALL PARTNERS; IF A CORPORATION, IT MUST BE SIGNED BY AT LEAST TWO OFFICERS; IF A LIMITED LIABILITY COMPANY, IT MUST BE SIGNED BY THE MANAGER.*

### PERSONAL GUARANTY

As an inducement for I.D. Specialists, I. ("Creditor") to extend credit to the \_\_\_\_\_ hereof, and also in consideration therefore, the undersigned, hereby guaranty to the Creditor, absolutely and unconditionally, jointly and severally, the prompt payment of any indebtedness of the Applicant when due, without regard for the validity, regularity or enforceability thereof as to the Applicant.

The Guarantors agree to pay any finance charges which may accrue on the account of the Applicant and to reimburse the Creditor for all expenses (including costs of collection inclusive of reasonable attorneys fees and disbursements) incurred by the Creditor in connection with any indebtedness of the Applicant, the collection thereof, or the enforcement of this Personal Guaranty. The Guarantors waive notice of acceptance of this Personal Guaranty, the extensions of credit to the Applicant, demand for payment of the indebtedness of the Applicant, notice of default in payment by the Applicant, all other notices to which the Guarantors might otherwise be entitled, and any demand for payment under this Personal Guaranty.

This is a guaranty of payment and not of collection and the Guarantors further waive any right to require that action be brought against the Applicant or any other person. The Creditor shall have the right to discharge or release any one or more Guarantor from any obligation hereunder, in whole or in part, without in any way releasing, impairing or effecting their rights against any other the Guarantors.

No delay of failure on the part of the Creditor in exercising any rights hereunder shall operate as a waiver of the obligation of the Guarantors. No modification or waiver of the obligation of the Guarantors shall be effective unless in writing signed by an authorized officer of the Creditor. Any subsequent incorporation, merger, reorganization or sale of the Applicant's business shall not operate as to terminate this Guaranty which, together with the transactions incident thereto shall be governed by the laws of the State of Oklahoma. Guarantors consent to the jurisdiction of the Court of the State of Oklahoma, or any Federal District Court having jurisdiction in such County, for the determination of all disputes arising under Applicant's Credit Agreement and/or this guaranty.

Dated: \_\_\_\_\_

Guarantor Signatures: \_\_\_\_\_

Print Names: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

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

Notary: \_\_\_\_\_

Please fax credit application to: (405) 840-2350



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