

Phone (866) 393-5601 Fax (412) 291-1765 www.ezflofertilizing.com

## **CREDIT ACCOUNT APPLICATION**

FOR THE PURPOSE OF ESTABLISHING	G CREDIT ACCOMMOD	ATIONS OR UPDATING C	REDIT INFORMATION, THE	FOLLOWING IS PRO	VIDED
Applicant's Business Name					
Phone		Secondary Phone		Fax	
E-Mail Address		Web Address			
Street Address		City		State	Zip
Mailing Address		City		State	Zip
Type of Business (please describe)				Date Business Starte	ed
Check One					
☐ Sole Owner ☐ Partnership (List Partn	ers)   Corporation (Lis	t Officers) Date Incorpora	ted Fede	ral Tax #	
Amount of credit line requested	Anticipated annual purch		ses from EZ-FLO (\$)	Number of Branches (attach list and addresses)	
Primary Purchasing Contact		Phone	Fax	E-Mail Address	
Primary Payables Contact		Phone	Fax	E-Mail Address	
PRINCIPAL'S INFORMATION					
Principal's Name (Please Type or Print)	Home: ☐ Own ☐ Rent		Home Phone	Driver's License No.	
1	Street Address				
	- Guideritadioso		Social Security Number	Marital Status	
Title	City				
% of Company Owned	State	Zip	Date of Birth	Spouse's Name	
Principal's Name (Please Type or Print)	Home: Own Rent		Home Phone	Driver's License No.	
2	Street Address		Casial Casumity Number	Marital Status	
T-0	Street Address		Social Security Number	Marital Status	
Title	City		Date of Birth	Spouse's Name	
% of Company Owned	State	Zip			
Principal's Name (Please Type or Print)	Home: Own Ren	t	Home Phone	Driver's License No.	
3	Street Address		Social Security Number	Marital Status	
Title	City				
			Date of Birth	Spouse's Name	
% of Company Owned	State	Zip			
Are products purchased for resale?	es ☐ No If yes, ple	ease attach resale card	Resale Number		
Have you ever applied for or been extended	credit at EZ-FLO?	☐ Yes ☐ No If	yes, under what name?		
Has any principal of your company ever filed	d bankruptcy?	☐ Yes ☐ No If	yes, please explain.		
Has this company or predecessor company	ever filed bankruptcy?	☐ Yes ☐ No If	yes, please explain.		

CREDIT REFERENCES- List he	ie or merade an attaormient		Phone	:			
Street	City	State	Fav				
otreet	City	State	Fax				
Name			Phone	1			
Street	City	State	Fax				
Name			Phone				
Street	City	State	Fax				
BANK REFERENCES							
Name of Bank		Phone					
			Fax				
Address		Commercial Account #	Loan Account #	Personal Account #			
Name of Bank			Phone				
			Fax				
Address		Commercial Account #	Loan Account #	Personal Account #			

Personal Guaranty: I/We sign this Credit Application and Credit Agreement on behalf of Applicant, and, as an individual(s), jointly and severally, personally guaranty payment of all present and future indebtedness of Applicant to EZ-FLO and waive all notices from EZ-FLO and waive the right to require EZ-FLO to proceed against Applicant. I/We also agree that our personal liability hereunder shall not be deemed to be released or discharged by any extension of time; by any other modification, substitution, settlement, supplement or compromise granted to Applicant; by any change in the legal form of ownership of Applicant including but not limited to any change in credit terms, amount of credit, or amount of service charges on past due accounts; or by the transfer of new or additional security by Applicant or by the undersigned to EZ-FLO. Liability under this Guaranty shall not be released or terminated by EZ-FLO's failure to exercise diligence in enforcing its rights against Applicant or against the undersigned. This is an absolute and continuing Guaranty.

Certification And Notices: I/We certify that everything stated on this application, and/or attachment is true to the best of my/our knowledge. All goods invoiced to Applicant by EZ-FLO shall be sold in reliance upon the information contained in, or attached to the document. The liability created by this document can be limited or terminated (by Applicant or Guarantor) only by a clear written notice sent by certified, return receipt mail, addressed to: EZ-FLO Systems, 6301 Angelo Court #4, Loomis, CA 95650. Applicant specifically authorizes any of its suppliers and/or banks to disclose to EZ-FLO any credit information regarding Application as may be requested by EZ-FLO.

Past Due Account: Any action to collect past due balances or to enforce the Personal Guaranty, may be filed in local Municipal Court, the local Superior Court or the Federal District Court. In the event of default in payment of Applicant's account with EZ-FLO, EZ-FLO may institute legal action to enforce mechanic's lien, stop notice, or joint-check agreement rights with respect to goods sold by EZ-FLO to Applicant; and add to Applicant's account all fees and costs incurred as a result of such legal action. Such costs and fees may be added to Applicant's account either during the litigation or at the conclusion of the litigation. Furthermore, in the event of a default in payment of Applicant's account with EZ-FLO shall also be entitled to (i) service charges in the amount of 1/2% per month on past due balances and (ii) in the event of suit against Applicant, Applicant and Guarantor agree to pay the full amount of EZ-FLO's actual attorney fees, plus other normal litigation costs; or (iii) in the event of assignment to a collection agency debtor will pay actual collection fees charged by collection agency to EZ-FLO.

This document may be executed and transmitted to EZ-FLO by facsimile machine and the facsimile transmission to EZ-FLO shall be deemed an original and shall be binding upon the undersigned upon its receipt by EZ-FLO.

Name (Please Print)	Title	Name (Please Print)	Title
Signature	Date	Signature	Date

## THIS APPLICATION WILL NOT BE PROCESSED UNLESS SIGNED ABOVE

PLEASE RETURN YOUR COMPLETED APPLICATION TO:

EZ-FLO Injection Systems, Inc. PO Box 540

Sewickley, PA 15143 PHONE (866) 393-5601 FAX (412) 291-1765

Remember to enclose: 1) copy of resale certificate; 2) Branch locations and contact info; 3) Any other information needed to process this application.