

CREDIT APPLICATION AND AGREEMENT COMMERCIAL

BUSINESS INFORMATION			
Official Business Name	Federal ID #	Sales Tax# or Social Security #	Credit Line Requested
Billing Address: (Street or P.O. Box Number)	City	State	How long in business?
	County	Zip	Telephone #
Shipping Address: (If Different From Above)	City	State	Fax Line #
Email		Zip	Alternate #

NOTE TO APPLICANT: Please attach a copy of your latest balance sheet and profit and loss statement.

APPLICANT FINANCIAL INFORMATION		
Bank Name	Phone Number	Contact Name
Trade Reference	Phone Number	Contact Name
Trade Reference	Phone Number	Contact Name
Trade Reference	Phone Number	Contact Name

PRIMARY OWNER INFORMATION REQUIRED FOR INDIVIDUALS, PARTNERSHIPS & CORPORATIONS				
1) First Name	Middle	Last Name	Birth Date	Social Security Number
Physical Street Address		City	State	Zip
2) First Name	Middle	Last Name	Birth Date	Social Security Number
Physical Street Address		City	State	Zip
3) First Name	Middle	Last Name	Birth Date	Social Security Number
Physical Street Address		City	State	Zip

SPOUSE & CO-APPLICANT INFORMATION				
First Name	Middle	Last Name	Birth Date	Social Security Number
Physical Street Address		City	State	Zip
Name of Employer		Employer Phone	Employer Contact	

THE ABOVE INFORMATION IS SUBMITTED TO, Co-op Financial Solutions (CFS) FOR CONSIDERATION AS A BASIS FOR THE EXTENSION OF CREDIT.

1. Applicant hereby certifies that the above information is accurate as of the date of the application. Reliant upon information which you submit to CFS upon approval, may assign you a maximum credit amount ("Credit Line") from time to time and will notify you of that credit line and of payment terms pertaining thereto.
2. The ("Seller") will furnish you with an invoice which states the terms of sale ("Terms") and specifies when purchases become due and payable. You agree to pay in full within the Terms specified on the invoice; otherwise CFS reserves the right, among other remedies, to suspend further deliveries under this agreement.
3. Should your financial strength become unsatisfactory to CFS, cash payment or security satisfactory to CFS may be required by CFS for further deliveries and for purchases heretofore delivered. If you fail to pay in accordance with this Agreement, CFS has the right, subject to any right you have by law to correct your default, to declare the entire balance of your account immediately due and payable and to foreclose on any security interest which CFS may have in the purchases delivered. If any unpaid balance is referred for collection to any attorney who is not a salaried employee of CFS, you will pay, to the fullest extent permitted by law, reasonable attorney fees plus any court costs for expense incurred by CFS, and a FINANCE CHARGE accrued on said unpaid balance in accordance with Paragraph 4 of this Agreement, until said balance is paid in full.
4. If you fail to pay any invoice amounts due by their respective due dates, you agree to pay all FINANCE CHARGES on the unpaid balance of all past due invoices, less any applicable payments and credits, from the date the total amount of each invoice is due and payable at an ANNUAL PERCENTAGE RATE of EIGHTEEN PERCENT (18%), or the highest applicable and lawful rate on such unpaid balance allowed, whichever is lower.
5. Applicant hereby authorizes CFS to obtain or exchange any information it may require relative to this application from any source including applicant's financial institutions and trade suppliers which CFS in its sole judgment and discretion, may deem necessary and to which CFS may apply, each source being authorized by applicant to provide CFS with such information.

Applicant's Signature

Date

Title

Co-Applicant's Signature

Date

Title

**MAIL COMPLETED FORM TO:
CO-OP FINANCIAL SOLUTIONS
PO BOX 3003, LAVERGNE, TN 37086**