**Eagle Gardens, LLC.**

**PO Box 431**

**Eagle, CO 81637 CONFIDENTIAL CREDIT**

**(970) 390-1606 APPLICATION**

We welcome your interest in doing business with our company. For your convenience and to serve you more efficiently and completely, we encourage establishment of an open account. All information submitted will be held in the strictest confidence and used solely for reference purposes within our credit department. The extent to which this application is completed will assist us in determining the extent of your line of credit. Thank you!

**PERSONAL GUARANTEE:** In consideration of any credit extended, I (we or either of us) will individually and/or jointly guarantee full and prompt payment of all indebtedness by: (firm name):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Incurred for merchandise furnished by EAGLE GARDENS, LLC, plus service charges and collection costs where applicable. Such guarantee shall remain in force until its revocation is acknowledged in writing to EAGLE GARDENS, LLC. Such revocation shall not affect indebtedness incurred prior to receipt of written notice.

INDIVIDUAL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Title Social Security No. Date

**TERMS**: Net 30 days. 2% service charge on all accounts over 30 days. In the event it becomes necessary to place this account for collection, we shall be entitled to payment of the full principal and all reasonable attorney fees and court costs.

I have read, understand, and accept the above terms, and have provided true information to the best of my knowledge. I further authorize EAGLE GARDENS, LLC to verify any and all references we have given that may be required to determine our credit capabilities and to request relevant information from credit reporting agencies.

Applicant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(signature and title of authorized Officer) Date

Bank Reference:name and branch:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Acct.#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Tel#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Officer You Deal With:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Officers/Owner’s Name(s) TITLE RESIDENCE TEL#

DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FAX #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FIRM NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TEL #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHYSICAL ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LEGAL STATUS: Proprietorship\_\_\_\_Partnership\_\_\_\_Corporation\_\_\_\_

YEAR ESTABLISHED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_UNDER PRESENT OWNERSHIP SINCE:\_\_\_\_\_\_

BUSINESS PROPERTY OWNED:\_\_\_\_\_\_\_\_\_\_\_\_\_LEASED FROM:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TYPE OF BUSINESS: RETAIL\_\_\_\_\_WHOLESALE\_\_\_\_\_\_\_\_\_OTHER\_\_\_\_\_\_\_\_\_

Trade References: list at least 4 from whom purchases are made on direct credit basis.

## Name Address City/State Phone # \_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_