

In-House Account 30 Days Credit Application

| Name of Business: | | | | | |
|------------------------------|-------------------------------|-------------|----------------|-----------------------|---------------------|
| Business Address: | | | | | |
| - | City | | 01.1 | Zip Code | |
| Tel | ephone #: | | | | |
| Corporation | Partnership | Proprietors | hip 🗌 Individ | ual 🗌 Limi | ted Liability Corp. |
| State Incorporated: _ | Date Incorporated: | | Num | ber Of Years In Busir | 1ess: |
| Email: | | | Do You Require | Purchase Orders? | Yes 🗆 No |
| EIN/Fed ID#: | | AP Co | ontact: | | |
| - | Facility: Owned | _ | | d | |
| Mortgage Holder N Lessor: | ame: | | - | | |
| Names Of Other Busi | nesses Owned In The Last Five | (5) Years: | | | |
| | | < <i>'</i> | | | |
| Names Of Owners, Par | tners Or Officers: | | | | |
| Name | | SSN: | | Title | |
| Home Address: | | _ | State | Zip Code | |
| Name: | | SSN: | | Title | |
| Home Address: | | | State | Zip Code | |
| - | | | | 2ip 0000 | |
| Bank Information: | | | | | |
| Bank Name: | | | Account No.: | | |
| Address: | | | Account Rep. | | |
| City: | | | State | Zip Code | |
| Telephone: | | _ | Fax: | | |
| Other Business Credit | References: | | | | |
| Name: | Address: | | | Fax: | |
| Name: | Address: | | | | |
| Name: | | | | | |
| | | | | | _ |

This is a continuing agreement and will remain in force and effect until the same is revoked either by the undersigned or BB Industries Supply, LLC. by giving written notice of said revocation.

The entire balance of all credit accounts is due and payable in accordance with the terms of thirty (30) days and thereafter a service charge of 18% per annum will be made on the past due balance. In addition, in the event that it is necessary for BB Industries Supply, LLC. to place this account in the hands of a Collection Agency or Attorney for collection, the undersigned agrees to pay all costs of collection, including reasonable attorney's fees.

* For Credit Line Requests Over \$25,000, We Will Require A Copy Of Your Most Recent Audited Financial Statement.

I authorize the release of any information necessary to verify the above information.

This agreement made and entered into this _____ day of _____ 20____

Signature: