



## BUSINESS CREDIT APPLICATION

Company Name:			
Phone:		Fax:	E-mail:
Billing Address:			
City:		State:	ZIP Code:
A/P Contact:		A/P Email:	
How Should Invoices Be Sent? Mail: <input type="checkbox"/> Email: <input type="checkbox"/>		Invoice Email:	
Purchasing Contact:		Purchasing Email:	
PO Required: YES <input type="checkbox"/> NO <input type="checkbox"/>		Credit Limit Requested:	
Shipping Address:			
City:		State:	Zip Code:
Federal Tax ID:		Taxable, Exempt, or Resale #: (Attach a copy of your exempt or resale certificate if applicable)	
Sole Proprietorship: <input type="checkbox"/>	Partnership: <input type="checkbox"/>	Corporation: <input type="checkbox"/>	Other: <input type="checkbox"/>
Year Established:	State of Incorporation:	Date Started Under Present Management:	
<b>OWNERS/PARTNERS/ OFFICERS</b>			
Name:		Title:	
Address:			
City:		State:	Zip Code:
Social Security Number:			
Name:		Title:	
Address:			
City:		State:	Zip Code:
Social Security Number:			
Name:		Title:	
Address:			
City:		State:	Zip Code:
Social Security Number:			
<b>BUSINESS /TRADE REFERENCES</b>			
Company Name:			
Address:			
City:		State:	ZIP Code:
Phone:		Fax:	E-mail:
Company Name:			
Address:			
City:		State:	ZIP Code:
Phone:		Fax:	E-mail:
Company Name:			
Address:			
City:		State:	ZIP Code:
Phone:		Fax:	E-mail:
Bank Name:			
Bank Address:		Phone:	
City:		State:	ZIP Code:
Type of Account:		Account Number:	

## Terms and Conditions

1. We hereby authorize the listed companies and/or banks to release any information requested of them necessary to establish a line of credit with **Atlantic Coast Toyotalift**.
2. It is understood and agreed by Applicant that, if the application is approved by **Atlantic Coast Toyotalift** and credit is extended to Applicant, the terms of such credit account will be Net 30 days from date of invoice, unless the invoice states differently. Applicant agrees to pay a service charge of 1-1/2% per month for late payments and a \$25.00 service charge on all returned checks. In the event of any default, Applicant agrees to pay all costs of collection, including reasonable attorney's fees and court costs, if incurred.
3. We certify that all the information on this form is correct and that we fully understand your credit terms and agree to the proper payment in consideration of extended credit.

_____ Signature of Authorized Applicant	_____ Printed Name
_____ Title	_____ Date

## Personal Guarantee

In consideration of **Atlantic Coast Toyotalift** extending credit hereunder, the undersigned personally, jointly and severally and unconditionally guarantee and promise to pay **Atlantic Coast Toyotalift** on demand, any and all indebtedness of the above named applicant to **Atlantic Coast Toyotalift**. The undersigned also waives all Homestead Exemptions rights. This is a continuing guarantee of payment when due and not of collection only and **Atlantic Coast Toyotalift** may proceed first against the undersigned or any of them if more than one without proceeding against or joining the above named applicant or any other of the undersigned. The obligations created hereby are unaffected by any change in the terms of the original indebtedness between **Atlantic Coast Toyotalift** and the above named applicant. This guarantee shall continue in effect until the undersigned has notified **Atlantic Coast Toyotalift** in writing of its cancellation, but such cancellation shall not alter obligation of the undersigned prior to receipt of such notice. In the event said indebtedness is not paid at maturity, the undersigned agree, jointly and severally, to pay, in addition to the indebtedness hereby guaranteed, all costs of collection, including reasonable attorney's fees and court cost.

Signature \_\_\_\_\_  
Printed Name \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_ (Partner/Spouse) Date \_\_\_\_\_  
Printed Name \_\_\_\_\_

Remit to Address:  
PO BOX B, High Point, NC 27261

Email to: [AR@actforklift.com](mailto:AR@actforklift.com)