



**CREDIT APPLICATION**

Credit Limit Request: \_\_\_\_\_  
Account Rep.: \_\_\_\_\_

PO Drawer 485  
Jackson, MO 63755  
Phone: 573-243-3138  
Toll Free: 800-325-8303

**Fax Credit Application to 573-243-3130**

**\*\*ALL INFORMATION MUST BE COMPLETED OR WILL DELAY CREDIT PROCESS\*\***

Business Name \_\_\_\_\_ Phone \_\_\_\_\_  
Area Code & Number \_\_\_\_\_

Email Address: \_\_\_\_\_

Address \_\_\_\_\_ For Past \_\_\_\_\_ years  
Street City State Zip Code

Billing Address \_\_\_\_\_  
Street City State Zip Code

D/B/A \_\_\_\_\_ Federal Tax ID Number \_\_\_\_\_

Former Business address (If Applicable) \_\_\_\_\_

Type of Business \_\_\_\_\_ Date Established \_\_\_\_\_ How long in Business \_\_\_\_\_

Does State County or City require a License? Yes  No  If Yes, License # \_\_\_\_\_

OWNERSHIP:  Sole Owner  Partnership  Corporation

Principle: \_\_\_\_\_  
Name Title SS # Home Address

Principle: \_\_\_\_\_  
Name Title SS # Home Address

Principle: \_\_\_\_\_  
Name Title SS # Home Address

Principle: \_\_\_\_\_  
Name Title SS # Home Address

**TRADE REFERENCES:**

NAME	ADDRESS/PHONE/FAX
_____	_____
_____	_____
_____	_____

BANK REFERENCES:

Checking                       Loan                       Savings

Name                                      Address                                      Account #                                      Contact

Checking                       Loan                       Savings

Name                                      Address                                      Account #                                      Contact

Checking                       Loan                       Savings

Name                                      Address                                      Account #                                      Contact

No. of Employees    \_\_\_\_\_    Est. Annual Sales    \_\_\_\_\_    Sales Area    \_\_\_\_\_

Has the firm or any of its Principals been bankrupt?     Yes     No

If yes, Explain:    \_\_\_\_\_

Person to Contact About Account:

**Name**

**Title**

Applicant/Customer agrees that extension of credit by CERAMO shall be subject to and in consideration of the following terms and conditions.

CERAMO and its agents are authorized to investigate my personal credit and financial records. As part of such investigation, CERAMO is authorized to request and obtain consumer credit report on me and my company in connection with opening, monitoring, renewal and extension of this and other accounts with CERAMO and the marketing of other products and services to me and my business. Further, CERAMO is authorized to share the information received from my consumer credit report with CERAMO's affiliate companies. Upon request, CERAMO will tell me whether my consumer credit report was requested and, if so, the name and the address of the consumer credit agency that furnished the report

**Name**

**Date**

**Name**

**Date**

Payment of all amounts due, as evidenced by the account, shall be made not later than the due date as indicated on each invoice under the "terms."

No returns shall be made without authorization by CERAMO.

Insufficient funds checks may cause an account to be placed on an immediate cash-in-advance or cash-on-delivery status. Such checks will incur a \$25.00 processing charge for each occurrence.

In the event of a shortage or dispute, customer must notify CERAMO within 15 days of receipt of merchandise, specifying the invoice number, order number, nature of dispute and amount under dispute.

In the event Customer does not pay its account on a timely basis, Customer agrees to pay all costs of collection, including reasonable attorney's fees and expenses. Customer agrees to submit to the laws of the State of Missouri, and that venue for any such action shall be in Cape Girardeau County, Missouri.

Customer agrees to immediately notify CERAMO of any change in ownership, form of said business or address.

CERAMO will charge interest on all past-due invoices at its current rate of interest, 18% per year.

Any agreements contained herein shall be binding upon and shall inure to the benefit of personal representatives, successors and assign to the parties hereto.

Any misrepresentation in this application will be considered evidence of a fraud, since this information is the basis of the granting of credit. As an inducement to grant credit, the undersigned warrants that the information submitted is true and correct. You are authorized to investigate the credit references listed.

\_\_\_\_\_  
Name Title

\_\_\_\_\_  
Name Title

\_\_\_\_\_  
Name Title

\_\_\_\_\_  
Name Title

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**Personal Guarantee**

In consideration of credit being extended by Ceramo Company, Inc. to the above named applicant for merchandise to be purchased whether applicant be an individual or individuals, a proprietorship, a partnership a corporation, or any other entity, the undersigned guarantor or guarantors each hereby contract and guarantee to Ceramo Company, Inc. the faithful payment, when due, or all accounts of said applicant for the purchases made within five years next after the date of this application. The undersigned guarantor or guarantors each hereby expressly waive all notice of acceptance of this guarantee, notice of extension of credit to applicant, presentment, and demand by applicant protest and notice to undersigned guarantor or guarantors of dishonor or default by applicant or with respect to any security held by Ceramo Company, extension of time or payment to applicant, acceptance of partial payment or partial compromise, all other notices to which the the undersigned guarantor or guarantors might otherwise be entitled and demand for payment under this guarantee. Absent written permission by creditor, this personal guarantee may not be revoked.

\_\_\_\_\_  
Name Date

\_\_\_\_\_  
Name Date

\_\_\_\_\_  
Name Date

\_\_\_\_\_  
Name Date

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**CREDIT DEPARTMENT USE ONLY**

Approved by: \_\_\_\_\_

Date Line of Credit Approval: \_\_\_\_\_

Date Line of Credit Declined: \_\_\_\_\_

Comments: \_\_\_\_\_