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CREDIT APPLICATION & PERSONAL GUARANTEE

FULL NAME OF COMPANY _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE (BUSINESS) _____ (CELL PHONE) _____

EMAIL ADDRESS: _____

STATE TYPE AND NATURE OF BUSINESS _____ DATE ESTABLISHED _____

FEDERAL TAX ID # _____

WE ARE A CORPORATION _____ PARTNERSHIP _____ PROPRIETORSHIP _____ LLC _____

Is Sales tax to be charged? (Please circle one) YES NO If NO, please attached copy of your State Resale Certificate form indicating your State Certificate Authority number.

PRINCIPALS, OWNERS OR OFFICERS ARE:

NAME _____ HOME ADDRESS _____

TITLE _____ HOME PHONE _____ SS# _____ DOB _____

NAME _____ HOME ADDRESS _____

TITLE _____ HOME PHONE _____ SS# _____ DOB _____

TRADE REFERENCES

NAME	ADDRESS	PHONE #	FAX #
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____

BANK REFERENCES

NAME _____ ACCOUNT NUMBER _____

ADDRESS _____ OFFICER _____ PHONE _____

NAME _____ ACCOUNT NUMBER _____

ADDRESS _____ OFFICER _____ PHONE _____

INDICATE THE APPROXIMATE AMOUNT OF MONTHLY PURCHASES EXPECTED _____

I (we) certify that the above information is true and correct and agree to pay this open account, if approved, in accordance with Kelley Appliance credit terms. I further agree to pay a fee of \$30.00 for any check returned by the bank, and a 3% finance charge per month on any past due balances. I also hereby authorize Kelley Appliance to check applicant's trade, bank, and personal references (whether or not referenced in the credit application) for customary credit information, to confirm the information contained on this application, including but not limited to, sending a copy hereto the trade and bank references, and to release information to other creditors regarding applicant's credit experience with Kelley Appliance.

Personal Guarantee

For good and valuable consideration, the undersigned agrees to be personally liable for all the indebtedness incurred by the above. The undersigned further agrees to be personally liable for all indebtedness based on the extension of credit to any corporation or business entity with which the undersigned is or may be affiliated. If a default in terms of payment occurs on any account on which the undersigned is or may be liable, and which is placed with an attorney or bonded collection agency, the undersigned agrees to pay an additional 30% collection charge for their entire unpaid balance. The undersigned authorizes you or your agent, to verify any of the above information, now or in the future, and/or obtain additional information by securing data from a credit-reporting agency.

The attachment of a balance sheet will aid in issuing the maximum amount of credit desired. If this application for open account is approved, we agree to observe your terms, which we understand to be as follows NET 30 DAYS (note terms and due date on invoice provided).

(DATE)

(SIGNATURE OF INDIVIDUAL & POSITION)