



**R. STROUD'S, INC.**  
 6118 NC HWY, 96 W. YOUNGSVILLE, NC 27596  
 919-556-7888 FAX: 320-363-4878  
 REID@RSTROUD.COM  
 www.rstroud.com.com

**CREDIT APPLICATION**

*Please print clearly*

**APPLICANT INFORMATION**      **REQUESTED CREDIT AMOUNT :\$ \_\_\_\_\_**

BUSINESS NAME:			
PHONE:	FAX:	FEDERAL TAX ID:	
BILLING ADDRESS:			
CITY:	STATE:	ZIP CODE:	
SHIPPING ADDRESS:			
CITY:	STATE:	ZIP CODE:	
<b>BILLING EMAIL:</b>			
<b>* IF YOU HAVE MULTIPLE LOCATIONS, PLEASE COMPLETE FORM C</b>			
WOULD YOU BE EXEMPT FROM PAYING SALES TAX?	<input type="checkbox"/> YES <input type="checkbox"/> NO	TAX PERMIT #:	<b>* MUST PROVIDE TAX EXEMPTION CERTIFICATE *</b>
TYPE OF BUSINESS:	DO YOU REQUIRE PURCHASE ORDERS? <input type="checkbox"/> YES <input type="checkbox"/> NO		
BUSINESS TYPE:	YEARS IN BUSINESS:	DATE ESTABLISHED:	

**OWNER/PRINCIPAL INFORMATION**

NAME:	TITLE:	* SOCIAL SECURITY #:
DATE OF BIRTH:    /    /	EMAIL ADDRESS:	
NAME:	TITLE:	* SOCIAL SECURITY #:
DATE OF BIRTH:    /    /	EMAIL ADDRESS:	

**CREDIT / TRADE REFERENCE INFORMATION**

NAME:	ADDRESS:	PHONE:
NAME:	ADDRESS:	PHONE:
NAME:	ADDRESS:	PHONE:

**BANK REFERENCE INFORMATION**

NAME:	ADDRESS:	PHONE:
NAME:	ADDRESS:	PHONE:

Has this company or any of its' principals ever filed for bankruptcy protection?     YES     NO      **If yes, please explain on another sheet of paper**

Any misrepresentation in this application will be considered as fraud, since the information herein is the basis for the extension of credit. As an inducement to grant credit, the undersigned warrants that the information submitted is accurate and correct. You are authorized to investigate the credit references and principals listed.

In consideration for the extension of credit, said business promises to pay for all purchases within the terms agreed.

**OUR TERMS: Statements will be mailed on the 1st of each month. All items on the statement will be paid on or before the 20th day of the month. The attached terms and conditions of sale are considered to be an integral part of this credit application.**

And agrees to pay a service charge of 1.50% per month (18% per annum) on all past due balances. In the event any third parties are employed to collect any outstanding monies due by said business, the undersigned agrees to pay up to 33% collection agency costs, including attorney fees, whether or not litigation has commenced, and all costs of litigation incurred. The undersigned represents that he/she has the authority to execute this credit agreement on behalf of the said business.

BUSINESS NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

OWNER/PRINCIPAL NAME: \_\_\_\_\_ (please print):      TITLE: \_\_\_\_\_      SIGNATURE: \_\_\_\_\_



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### R. STROUD'S, Inc. Conditions of Sale and Terms of Payment

1. R. STROUD'S, Inc. will have a credit application on file for all credit customers, with set credit limits. Each customer will be informed of their credit limit.
2. Any order over your credit limit from our inventory, the amount over your credit limit must be paid before the parts are shipped or within 10 days, whichever occurs first.
3. Any special order over your approved credit limit, of inventory not in our stock, half of the order will be paid for before we commit to buy the parts from our supplier. The remaining balance of the order over the credit limit will be paid before the parts will be shipped. Special Orders are not cancellable.
4. All orders will have authorized Purchase Order information, including accurate descriptions of the parts purchased.
5. We will send you a copy of the invoice with your order.
6. All shipments will be accounted for with the trucking company on the same day they are received by the customer. Any overages, shortages or damaged goods will be noted on the shipping documents at time of delivery. The document must contain the driver's signature and a signature from the receiving company. The customer will notify R. STROUD'S, Inc. of any shortages or overages within one (1) business day. The customer will fax shipping documents to 919-570-0334.
7. Statements will be mailed on the 1<sup>st</sup> of each month; the statement will be paid on or before the 20<sup>th</sup> of the month.
8. Interest will be charged on all past due amounts at the rate of 1.50% per month (18% per annum).
9. Charging privileges will be suspended for any company with unpaid invoices that are over 45 days old.
10. The rights of R. STROUD'S, Inc. are not limited to the above.

**CREDIT REPORT AGREEMENT**

The words "you," "your" & "yours" mean each person submitting this application. The words, "we," "us," "our" and "ours" as used below refer to us, R. STROUD'S, Inc.

You agree that we may obtain a consumer credit report periodically from one or more consumer reporting agencies (credit bureaus) in connection with the proposed transaction and any update, renewal, refinancing, modification or extension of that transaction. You also agree that we or any affiliate of ours may obtain one or more consumer credit reports on you at any time whatsoever. If you ask, you will be told whether a credit report was requested, and if so, the name and address of any credit bureau from which we or our affiliate obtained your credit report.

You agree that we may verify your assets and debts and that anyone receiving a copy of this is authorized to provide us with such information. You further authorize us to gather whatever credit history we consider necessary and appropriate in evaluating this application and any other applications submitted in connection with the proposed transaction.

We may keep this application and any other application submitted to us and information about you whether or not the application is approved. You certify that the information on the application and in any other application submitted to us, is true and complete. You understand that false statements may subject you to criminal penalties.

**FEDERAL NOTICES**

**IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT.** To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identified each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your drivers' license or other identifying documents.

**BY SIGNING BELOW, YOU CERTIFY THAT YOU HAVE READ AND AGREE TO THE TERMS AND DISCLOSURES ON THE THREE PAGES OF THIS APPLICATION**

Signature of Owner/Principal:

Date:

Co-Owner/Principal Signature:

Date:

**PERSONAL GUARANTEE \***

In consideration for R. STROUD'S, Inc. extending credit to the business identified below for any products and/or services after this at the request of the applicants or its' agents, the undersigned individual hereby personally guarantees, unconditionally and irrevocably, the prompt payment of all sums now or hereafter owed to R. STROUD'S, Inc. by the business identified below whether said sums are due under open account, contract, or otherwise.

It is understood and agreed that credit, if extended, is to be on a continuing basis and may exceed estimated maximum credit limit required as stated in the credit agreement between R. STROUD'S, Inc. and the business. R. STROUD'S, Inc. shall not be obligated to notify the undersigned of the dates or amounts of any such credit and the undersigned waives demand, notice of default and any extension of time or any other forbearance which may be extended by R. STROUD'S, Inc.

This guarantee shall continue in force until notice in writing, sent by registered or certified mail, return receipt requested by, \_\_\_\_\_ . Said notice shall specify the date on which this guarantee is to be terminated. Said date is not to be less than 10 days after such notice is received. Such termination shall in no way release the undersigned as to any sum or debt incurred prior to such termination.

NAME: (Individual guaranteeing payment, no title) \_\_\_\_\_ DATE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ SS#: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ YEARS AT ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF OWNER/PRINCIPAL GUARANTEEING PAYMENT

\_\_\_\_\_  
NAME OF BUSINESS WHOSE ACCOUNT IS GUARANTEED

**\* FAILURE TO PROVIDE PERSONAL GUARANTEE WILL RESULT NO EXTENDED CREDIT TERMS.**

**CREDIT DEPARTMENT USE ONLY**

DATE \_\_\_\_\_ LINE OF CREDIT  APPROVED  DENIED AMOUNT \_\_\_\_\_



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BUSINESSES WITH MULTIPLE LOCATIONS

INVOICES SENT TO: [ ] EACH LOCATION [ ] MAIN LOCATION
STATEMENTS SENT TO: [ ] EACH LOCATION [ ] MAIN OFFICE

Form with three identical sections for business information: BUSINESS NAME, PHONE, ADDRESS, CITY, STATE, ZIP CODE, IF DBA (list all), FEDERAL TAX ID.