

OFFICIAL RECOMMENDED

APPLICATION FOR CREDIT

FAULTLESS LAUNDRY CO.

and Associated Companies

330 W. 19th Terrace

Kansas City, MO 64108 • (816) 421-2373

FAX (816) 421-0928

DATE \_\_\_\_\_

COMPANY NAME \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_ RENT \_\_\_\_\_ OWN \_\_\_\_\_ LEASE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TRADE NAME/DBA \_\_\_\_\_

PHONE NUMBER: ( \_\_\_\_\_ ) \_\_\_\_\_ FAX NUMBER: ( \_\_\_\_\_ ) \_\_\_\_\_

<input type="checkbox"/> PARTNERSHIP		<input type="checkbox"/> PROPRIETORSHIP		<input type="checkbox"/> CORPORATION		STATE OF INCORPORATION	ESTABLISHED
TYPE OF BUSINESS			ANNUAL SALES		# OF EMPLOYEES		FEIN #
TAX EXEMPT <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, PLEASE PROVIDE A SIGNED COPY OF YOUR TAX EXEMPT CERTIFICATE					
DO YOU REQUIRE MONTHLY STATEMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO					YEARS AT PRESENT LOCATION		

NAMES OF OFFICERS, OWNERS AND/OR PARTNERS

NAME			TITLE		
HOME ADDRESS			HOME PHONE		
CITY	STATE	ZIP	SOCIAL SECURITY#		
NAME			TITLE		
HOME ADDRESS			HOME PHONE		
CITY	STATE	ZIP	SOCIAL SECURITY#		
NAME			TITLE		
HOME ADDRESS			HOME PHONE		
CITY	STATE	ZIP	SOCIAL SECURITY#		

TRADE REFERENCES

NAME			NAME		
ADDRESS			ADDRESS		
CITY	STATE	ZIP	CITY	STATE	ZIP
PHONE			PHONE		
ACCOUNT NUMBER			ACCOUNT NUMBER		
NAME			NAME		
ADDRESS			ADDRESS		
CITY	STATE	ZIP	CITY	STATE	ZIP
PHONE			PHONE		
ACCOUNT NUMBER			ACCOUNT NUMBER		

(CONTINUED ON BACK)

**BANK REFERENCE**

NAME \_\_\_\_\_ ACCOUNT NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_ OFFICER \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE (    ) \_\_\_\_\_

NAME OF AUTHORIZED PURCHASING CONTACT \_\_\_\_\_

NAME OF ACCOUNTS PAYABLE CONTACT \_\_\_\_\_

**PERSONAL GUARANTEE**

I, \_\_\_\_\_ residing at \_\_\_\_\_ for and in consideration of your extending credit to \_\_\_\_\_ (CO.) of which I am \_\_\_\_\_ (TITLE), hereby personally guarantee to you the payment at FAULT-LESS LINEN, INC, any obligation of the company and I hereby agree to bind myself to pay you on demand any sum which may become due to you by the company whenever the company shall fail to pay the same. It is understood that this guarantee shall be a continuing and irrevocable guarantee and indemnity for such indebtedness of the company. I do hereby waive notice of default, non-payment and notice thereof and consent to any modification or renewal of the credit agreement hereby granted.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

WITNESS \_\_\_\_\_ ADDRESS \_\_\_\_\_

If this application is accepted and credit is extended, the applicant shall be deemed to have agreed to the following terms and conditions. If accounts are not promptly paid when due, the applicant's name may be listed in the Bureau of Collections Credit Rating file and if this account is collected by a collection agency or an attorney, by suit or otherwise, applicant agrees to pay all collection fees and/or attorney's fees and cost of collection. Terms if not otherwise specified are net 30 days. Interest shall also be added to any unpaid balance at the rate of 1 1/2% per month, which is equivalent to 18% per annum, unless such interest is prohibited by any existing local laws and then the maximum allowed under such local statutes shall be in effect.

SIGNATURE OF INDIVIDUAL APPLICANT (ink only) \_\_\_\_\_ DATE \_\_\_\_\_

COMPANY AUTHORIZATION (ink only) \_\_\_\_\_

SIGNATURE OF AUTHORIZING OFFICER

(Title)