

Team Tube LLC



CREDIT APPLICATION

The undersigned company is applying for credit with TEAM TUBE LLC and agrees to abide by the standard terms and conditions of TEAM TUBE LLC as printed on the 2ND page.

Company Name: _____

DBA (If Different): _____

Contact Person: _____

Billing Address: _____

Shipping Address (If different from above): _____

Phone: _____ Fax: _____

Federal Tax ID or Social Security Number: _____

Type of Business: _____ No. of Employees: _____

Date Business Established: _____

Types of Products to be Purchased: _____

Amount of Credit Requested: \$ _____ Accounts Payable Contact: _____

Type of Ownership: _____ State of Incorporation: _____

- Corporation Partnership Sole Proprietorship
 Limited Liability Company - Type of LLC:
 Partnership Corporation

Owners, Members, Partners and/or Officers:

Name	Home Address	Home Phone	Title	Social Security #
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Are you sales tax exempt? Yes (IF YES PLEASE ATTACH RESALE CERTIFICATE) No

Have you ever had credit with us before? Yes No
(If yes, under what name?): _____

Authorized purchasers: _____

Purchase order required? Yes No

TRADE REFERENCES: (Must Include at Least One Metal Supplier Reference)

Reference #1
Company Name: _____
Address: _____
Phone: _____ Contact: _____
Fax: _____

Reference #2
Company Name: _____
Address: _____
Phone: _____ Contact: _____
Fax: _____

Reference #3
Company Name: _____
Address: _____
Phone: _____ Contact: _____

Fax: _____

BANK REFERENCES:

Bank#1

Account # _____

Phone: _____

Fax: _____

Contact person: _____

Name of bank: _____

Address: _____

GENERAL TERMS AND CONDITIONS

Please be advised that all information will be held in strictest confidence. Upon Credit Approval, a credit limit may be established and all decisions with respect to the extension, continuation, or termination of credit shall be at the sole discretion of Team Tube LLC (Creditor). Applicant consents to Creditor conducting a credit investigation and contact of any/all references as provided and authorizes all trade references, banks, and credit reporting agencies to disclose to Team Tube LLC any and all information concerning the financial and credit history of applying company.

The undersigned applicant affirms that they are an authorized signer for the above mentioned company submitting application for credit. Applicant's signature attests financial responsibility, ability, and willingness to pay Creditor invoices in accordance with the terms stated on each invoice. No term or conditions on a Purchase Order differing from the terms of Creditor shall be accepted unless agreed on by Creditor in writing. A finance charge equal to the maximum amount allowed by law but not to exceed 1.5% per month may be imposed on delinquent invoices. All returned checks will incur a \$30 fee. No additional credit will be extended to past due accounts unless satisfactory arrangements are made with Team Tube LLC credit department. Payments may be applied against open charges at the discretion of Creditor. In the event that the account becomes delinquent, the applicant waives the right to a jury trial and the prevailing party is entitled to attorney fees for any action, suit, claim, arbitration or appeal. Venue and jurisdiction of any legal action may lie in the county and state of the Creditor's branch office or King County, Wa at the sole option of Creditor.

Applicant agrees to notify Creditor of any changes in ownership or legal status of the business. Until Creditor receives written notice by certified mail of any change in ownership or entity, applicant agrees to accept liability for all charges to the business conducted under firm name.

Applicant certifies that the above information is true and correct to the best of their knowledge, agrees to be bound by all the terms and conditions contained in this application, and further agrees that a facsimile shall be as binding as an original signature.

Authorized signature:

Printed name: _____

Title: _____

Date: _____

Please fax my invoices to the following fax number: _____

Please e-mail my invoices to the following e-mail address: _____

Please send my invoices via US Mail: _____

PERSONAL GUARANTEE

In consideration of Team Tube LLC extending credit to _____ and its related entities, the undersigned personally and unconditionally guarantees to Team Tube LLC the payment of any obligation of said company and its successors and assigns including any new entity formed. This obligation includes any and all of said company's liabilities, obligations, debts and indebtedness to Team Tube LLC, now owing or hereinafter incurred or created including all costs, fees and expenses, including but not limited to all legal, collection and other professional expenses. Venue and jurisdiction of any legal action may lie in the county and state of the Creditor's branch office or King County, Wa at the sole option of Creditor.

The undersigned:

- Understands this is a continuing and irrevocable guarantee and is binding on the Guarantor and on the Guarantor's heirs, successors and assigns so long as any indebtedness remains unpaid.
- Understands the guarantee shall continue until the undersigned has notified Team Tube LLC in writing of its cancellation, but such cancellation shall not alter any obligation of the undersigned arising hereunder prior to receipt of such written notice.
- Consents to hereby waive notice of default, nonpayment and notice thereof.
- Agrees that a facsimile shall be as binding as an original signature.
- Acknowledges and represents that any title(s) written near the signature below is/are intended merely to clarify the individual's position in the company and in no way is/are intended to limit or cancel the personal nature of this guarantee.

The undersigned personal guarantor, recognizing that his/her individual credit history may be a necessary factor in the evaluation of this personal guarantee, hereby consents to and authorizes the use of consumer credit reports on the undersigned by the above named credit grantor from time to time as may be needed in the credit evaluation process.

Personal Guarantee:

Signature

Date

Social Security #

