



**Action
Specialties**

7915 W. Highway 90 • New Iberia, LA 70560
1-800-819-1664 • 337-367-1664 • Fax

For Office Use Only
Approved By _____
Date Approved _____
Credit Limit \$ _____
Account Number _____
Sales Rep _____

CREDIT APPLICATION AND PERSONAL GUARANTY

Bill To

Name: _____
Address: _____
City, State, Zip: _____
Phone: _____ FAX: _____
Email Address: _____

Ship To

Name: _____
Address: _____
City, State, Zip: _____
Phone: _____ FAX: _____
Web Address: _____

Business Type: _____ Proprietorship _____ Partnership _____ Corporation _____ L.L.C. Years in Business _____

Credit Line Requested: \$ _____ Sales Tax Number: _____

Name of Owner or President: _____ Fed. I.D. or S.S. #: _____ DUNS# _____

Business Telephone _____ FAX _____

Principals and or Officers: Name _____ Title _____

S.S. Number _____ Home Address _____ Home Phone _____

Principals and or Officers: Name _____ Title _____

S.S. Number _____ Home Address _____ Home Phone _____

Principals and or Officers: Name _____ Title _____

S.S. Number _____ Home Address _____ Home Phone _____

Manager _____ Bookkeeper _____

Bank Reference: Name of Bank _____ Account Number _____

Bank Address _____

Bank Phone _____ Contact _____

Trade References: Name _____ Account Number _____

Address _____ Phone _____

Name _____ Account Number _____

Address _____ Phone _____

Name _____ Account Number _____

Address _____ Phone _____

Should a credit availability be granted by ACTION SPECIALTIES, all decisions with respect to the extension or continuation shall be in the sole discretion of ACTION SPECIALTIES. ACTION SPECIALTIES may terminate any credit availability within its sole discretion.

We understand that your terms of sales require payment ON or BEFORE DUE DATE and agree to meet those terms if credit is extended. Delinquent invoices are subject to a late fee charge of one and one-half percent (1 1/2%) per month on the outstanding balance. All bills are payable in New Iberia, Louisiana. Should ACTION SPECIALTIES institute legal action in connection with the collection of any account due from the undersigned, the undersigned agrees to pay reasonable attorney fees, and/or collection agency fees, and all court costs incurred in connection with any such proceeding.

The above information is for the purpose of obtaining credit and is warranted to be true. I/we hereby authorize ACTION SPECIALTIES to investigate the references listed pertaining to my/our credit and financial responsibility.

Signed _____ Title _____

Date _____

(See Back for More Information to Complete)
Will Not Accept Without Being Complete

IF EXEMPT FROM STATE AND/OR LOCAL SALES TAX, PLEASE SEND COPY OF EXEMPTION CERTIFICATES

CONTINUING PERSONAL GUARANTY

For valuable consideration, the undersigned (hereinafter called the "Guarantors") jointly and severally unconditionally guarantee and promise to pay ACTION SPECIALTIES (hereinafter called the "Creditor") on demand, in lawful money of the United States, any and all indebtedness of _____
_____ (hereinafter called the "Debtor").

The liability of the Guarantors under this agreement shall not exceed at any one time the balance appearing on the account of Debtor and shall remain in effect until a mutual termination is agreed upon.

Guarantors waive any right to require Creditor to (a) proceed against Debtor or (b) pursue any other remedies in Creditor's power whatsoever. Guarantors waive all presentments, demands for performance, protests, and the existence, creation and incurring of new or additional obligations. The Guarantors further waive the benefit of any statute of limitations affecting their liability hereunder or the enforcement thereof.

Guarantors agree to pay reasonable attorney's fees and all other costs and expenses which may be incurred through the enforcement of this Guaranty by Creditor.

We agree that all Sales agreements shall be interpreted under the laws of Louisiana. We further agree that venue and jurisdiction for any action brought by ACTION SPECIALTIES in connection with the collection of any account due from the undersigned, shall be Iberia Parish, Louisiana, at the option of Creditor.

Signature of Individual Guarantor

Signature of Individual Guarantor

Print or typed name of Individual Guarantor

Print or typed name of Individual Guarantor

Social Security Number

Social Security Number

Street Address

Street Address

City

City

State

Zip Code

State

Zip Code