

ALLFAX SPECIALTIES CREDIT APPLICATION

PH (504) 443-0188

FX (504) 443-0189

Business Name	Phone Number with Area Code
Address	Type of Business
	D & B Number
Billing Address (if Different)	
Date Business Started	Business Structure (Check One) <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Municipal <input type="checkbox"/> Non-Profit <input type="checkbox"/> Other

Principal(s) Information

Owner Name		Owner Name	
Social Security Number	Title	Social Security Number	Title
Home Address		Home Address	
Phone Number with Area Code		Phone Number with Area Code	

Bank References

Bank Name		Branch Address	
Name of Contact	Telephone Number	Checking Account/Loan Number	Date Opened

Trade References

(separate sheet may be attached)

Company Name		Company Name	
Address		Address	
Name of Contact	Telephone Number	Name of Contact	Telephone Number
Account Number	Date Account Opened	Account Number	Date Account Opened

Person(s) Authorized to Place Orders with us		Monthly Credit Desired \$	
Are Purchase Orders Required?		Send Invoices to	
Credit Card	Name on Card	Account Number	Expiration Date

Authorization

I/We hereby agree to all of the terms for payment as set forth on all invoices or bills for payment issued by Allfax to us in connection with any and all sales of goods or services we request or order. I/We hereby agree that in the event payment is not made timely interest shall be due from due date until paid at the rate of 1 ½% per month. All NSF checks shall result in a 100% default charge, plus interest. I authorize Allfax to charge the credit card account described above for any delinquent balance. It is agreed that in the event Allfax makes any claim for payment against us for any amount due, the prevailing party shall be entitled to reasonable attorney's fees, and all expenses. Both parties hereby stipulate that Louisiana Law shall apply in the event of any dispute between the parties. Both parties agree to exclusive jurisdiction and venue for the filing of any lawsuit in the Parish of Jefferson, State of Louisiana.

Signature	Printed Name	Title	Date
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Personal Guarantee

I/We agree to all of the terms and provisions contained in the Credit Application above. I/We hereby agree to guaranty payment of any and all amounts which become due, delinquent or otherwise remain unpaid by Applicant above, including any interest, attorney's fees, costs, expenses, court costs, or check charges. This guaranty shall be continuing in nature and shall not terminate until any outstanding balance due to Allfax is paid in full by Applicant or Guarantor.

Guarantor	Date
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