



Corporate Office
3075 Selma Highway, Montgomery, AL 36108
PH: 888-340-6472 FAX: 334-284-4785

CREDIT APPLICATION

NOTE: PLEASE PRINT OR TYPE. EMAIL COMPLETED APP TO CREDIT@FSIUSA.COM.

IF CORPORATION OR LLC, PLEASE COMPLETE

Company's Legal Name
Trade Name/DBA
Fed ID Number DUNS Number
Date Started Primary Phone #

IF SOLE PROPRIETOR OR PARTNERSHIP, PLEASE COMPLETE

Business Name
SSN of Owner Select one: Partnership Sole Proprietor
Date Business Started

ALL BUSINESSES, PLEASE COMPLETE REMAINDER OF APPLICATION

Customer's Billing Address (Mailing) :

Customer's Shipping Address (Physical) :

Mailing/PO Box Address

Physical/Street Address

City/State/Zip

City/State/Zip

Shipping Address Contact Phone Number (Required)

OWNERSHIP INFORMATION – Full Name of Officers, Partners or Proprietor:

_____ Title _____
_____ Title _____

CONTACT INFORMATION – AP & PURCHASING

AP Name _____

AP Phone _____

AP Email _____

Purch Name _____

Purch Phone _____

Purch Email _____

INVOICES & STATEMENTS

Can Fastening Solutions, Inc. email you the invoices/statements? YES NO

If YES, provide email address _____

If NO, statements/invoices will be mailed to the Billing Address provided on page 1 of this application.

SALES TAX INFORMATION

Sales Tax Exempt? YES NO If YES, **sales tax exemption certificate must be provided.**

Providing sales tax number only is **not** sufficient.

IMPORTANT NOTE: It is customer's responsibility to notify Fastening Solutions Inc. of any changes in tax status. In addition, it is customer's responsibility to provide Fastening Solutions, Inc., with any subsequent annual renewals and or provide a copy of the certificate showing any changes to tax status.

ORDER INFORMATION – Mark all that apply

Purchase Order Required

Ship Complete

No Backorders

Line Ship Complete

Display Customer Pricing on Ship Ticket

BANK & TRADE REFERENCES

Bank: _____ City _____

Name as on Checking Account _____

Officer: _____ Phone # _____

TRADE REFERENCES

Company _____ PH/EM _____

Company _____ PH/EM _____

Company _____ PH/EM _____

GENERAL PROVISIONS

This application and the information contained herein is a request for the extension of credit for commercial business use only and the applicant certifies that the firm he represents is doing business as a Corporation , Partnership , or Sole Proprietorship , LLC **(check one)**. The applicant authorizes the above-named creditor to obtain written or oral credit reports from any credit agency and any or all the above listed references including banks. The applicant further authorizes the creditor to reinvestigate the applicant's credit status from time to time as the creditor deems necessary and should creditor upon such reinvestigation deem necessary to limit or terminate the credit arrangement with applicant, said applicant shall be notified as to the adverse action. Upon approval of this application for credit, said applicant will be notified as to the creditor's terms of sale and should applicant at some time deviate from the creditor's terms of sale, said creditor reserves the right to terminate future extension of credit with applicant.

If credit is extended, I (we) agree to pay Creditor all debts incurred within the creditor's terms of sale. I (we) expressly waive all rights of exemption under the constitution and laws of the State of Alabama to personal property, and I (we) agree to pay all cost of collection or attempting to collect or secure any and all debts which I (we) now owe or which I (we) may in the future owe creditor for the goods sold to me (us) or for services rendered including reasonable interest, reasonable attorney's fees and reasonable collection agency fees on the unpaid debt so long as any of said indebtedness is due and unpaid. I also agree to pay a FINANCE CHARGE at a rate not to exceed the legal amount allowed by law on any unpaid past due balance. I (we) also agree to pay all fees associated with NSF checks and returned deposit items at a rate not to exceed the legal amount allowed by law. Creditor is hereby authorized to deliver goods or perform services for the following at my (our) request and charge same to my (our) account and this shall continue until written notice to the contrary is given and accepted which acceptance shall be evidenced by signature of Creditor.

Officer's Signature _____

Printed Name _____

Title _____ Date _____

PERSONAL GUARANTY AGREEMENT

WHEREAS, the undersigned has requested Fastening Solutions, Inc., a corporation organized under the laws of the State of Alabama, to extend credit to:

(Legal Name of Business)

(hereinafter referred to as "Customer"), and Fastening Solutions, Inc. has and/or may in the future extend credit by reason of such request and in reliance upon the following guaranty:

Now therefore, in consideration of such credit extended and/or to be extended in its discretion by Fastening Solutions, Inc. to the customer, during the period of this agreement, the undersigned, its successors, and assigns hereby unconditionally guarantee, without limit, to the punctual payment-when due-with any such interest and costs that may accrue thereon either before or after and maturity(ies) thereof, of all debts and obligations of the customer whether created by the customer or in the name of the customer. The undersigned further agrees to pay reasonable interest, reasonable collection agency fees, and reasonable attorney fees or any cost of collections in the event it is necessary to file suit to enforce or collect this Guaranty Agreement without any notice whatsoever. The undersigned agrees to unconditionally guarantee, without limits, any debt owed to Fastening Solutions Inc by any company or business owned by the undersigned and is not limited to the company named above.

This Guaranty is a continuing one and may only be modified, revoked or terminated by written notice to an officer of Fastening Solutions, Inc., by Certified Mail. No modifications, revocation or termination thereof shall, in any manner, affect rights arising under this Guaranty with respect to liabilities, which may have been created, contracted, assumed, or incurred prior to receipt by Fastening Solutions, Inc. of such written notice.

GUARANTOR MUST BE A PRINCIPAL OR OFFICER OF THE BUSINESS

By signing below, Guarantor authorizes Fastening Solutions, Inc. to pull his/her consumer report in connection with extending credit to this Customer.

Guarantor Signature _____

Printed Name _____

Title _____ Date _____

Guarantor **Home** Address: _____

Guarantor Social Security Number: _____

Guarantor Date of Birth (MM/DD/YYYY): _____

Witness Signature _____ Date _____

Witness Printed Name _____