



Dear Customer,

To apply for credit with Scott Premium Closures:

1. Please fill out the form below
2. Email completed form to Accounts Receivable at AR@spclosures.com.

To expedite the credit approval process, please be sure to include ALL mailing addresses and account numbers (especially for bank accounts). Banks will NOT release information without an account number and a signature from the authorized signer on your bank account.

Thank you and we look forward to serving you,

Scott Premium Closures, LLC

Credit Department

AR@spclosures.com



APPLICATION FOR CREDIT

ACCOUNT INFORMATION

Applicant's Legal Name: _____

Applicant dba Name (if applicable): _____

Applicant's Legal Address: _____

ACCOUNTS PAYABLE CONTACT INFORMATION

Name: _____

Email Address: _____

Telephone Number: _____

BUSINESS TYPE (PLEASE SELECT ONE)

Sole Proprietorship

Partnership

Corporation

LLC

If Sole Proprietorship, please list no less than 50% ownership below. If Corporation or LLC, please list financial officer or CPA of record:

OWNERS/OFFICERS INFORMATION

Name: _____ Title: _____ % Interest in Business: _____ Email Address: _____

FINANCIAL CONTACT INFORMATION

Primary Bank Name: _____

Primary Bank Address: _____

Primary Bank Phone/Email: _____

Primary Bank Account Number: _____



CREDIT REFERENCES

Please provide 3 industry references where you currently hold an established line of credit. Do not list COD, credit card accounts, or leasing companies as references.

Company Name:	Address:	Phone:	Email Address:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please fill in your desired credit limit. For example: if you would like to apply for a \$5,000 line of credit, fill in \$5,000 below.

TO FACILITATE THE APPLICANT’S REQUEST FOR \$ _____
LINE OF CREDIT, I hear by certify on behalf of the Applicant this application to be true and correct and that any obligations of Applicant (whether made in the d.b.a. or the legal name of Applicant) will be equally binding. On behalf of Applicant, I authorize the banks and references to give full credit information to facilitate this application. I further attest I am a duly authorized on behalf of the Applicant for financial obligations including this Application for Credit.

In consideration for extension of credit, Applicant promises to pay in accordance with Scott Premium Closures, LLC. terms. Applicant further agrees to pay service charges of 1.5% per month on any unpaid balance and to repay Scott Premium Closures, LLC. for any attorney fees, court costs or other costs expended by it to effect collections.

Signature (*Authorized Signature on Applicant’s Bank Account): _____

Print Name: _____

Title At Applicant Firm: _____



CREDIT TO APPLICANT

DATE: _____

Company Name: _____

I, _____ (Guarantor), personally guarantee full and prompt payment of any indebtedness owed to Scott Premium Closures, LLC. by said Applicant up to a maximum of \$ _____ plus a service charge of 1.5% per month from date due to date of payment, and further guarantee prompt repayment to Scott Premium Closures, LLC. of any attorney fees, court or other costs expended by it to affect collection, provided that I have been advised by letter, mailed to the address below, of intention to make such expenditures In the event more than one signatory appears below, then I acknowledge that my obligation for such guarantee is joint and several with any other signatory. I acknowledge that failure to provide this continuing personal guarantee would prevent Applicant for receiving an extension of credit and that this guarantee is unconditional and irrevocable until all obligations of Applicant to Scott Premium Closures, LLC. are paid in full. This guarantee shall survive any change of association of the Guarantor with the Applicant but may be terminated upon mutual agreement of Guarantor and Scott Premium Closures, LLC. termination of guarantee may affect extended credit to Applicant.

I acknowledge and consent to the jurisdiction of Federal and or State courts in California in any matter relating to this continuing personal guarantee.

This agreement shall be governed by and construed by, and in accordance with the laws of the State of California.

The assets of the Guarantor are held as joint and community property: YES NO

If yes, both the Guarantor and Co-Guarantor signatures are required below.

Witness Signature: _____

Witness Name (Please Print): _____

Guarantor Signature: _____

Guarantor (Print Name): _____

*Co-Guarantor Signature: _____

*Co-Guarantor (Print Name): _____

*Association to Guarantor: _____