

**DOYLE'S SUPPLY, INC**

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 P.O. BOX 1943
 DECATUR, ALABAMA 35602-1943

CREDIT APPLICATION

PLEASE COMPLETE FRONT AND BACK SIDES FOR OUR CONSIDERATION OF YOUR APPLICATION. TYPE OR PRINT EXCEPT WHERE SIGNATURES ARE REQUIRED. **PERSONAL GUARENTEE MUST BE SIGNED.**

DATE: _____

BUSINESS NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

BILLING ADDRESS(if different from above): _____

SHIPPING ADDRESS(if different from above): _____

BUSINESS TELEPHONE: _____ FAX _____ FEN# _____

E-MAIL _____ WEBSITE: _____

ACCOUNTS PAYABLE CONTACT-NAME _____ TELEPHONE _____

ESTABLISHED IN THE YEAR _____ AS A: CORPORATION _____ OTHER _____

IF INCORPORATED, CITY AND STATE IN WHICH INCORPORATED: _____

NAME & ADDRESS OF PARENT COMPANY, IF SUBSIDIARY: _____

I WISH TO RECEIVE INVOICES VIA?? E-MAIL _____ FAX _____**OWNERS OR CORPORATE OFFICERS:**

NAME: _____ TITLE: _____

HOME ADDRESS: _____ TELEPHONE: _____

CITY/STATE: _____ ZIP: _____

NAME: _____ TITLE: _____

HOME ADDRESS: _____ TELEPHONE: _____

CITY/STATE: _____ ZIP: _____

BANK REFERENCE:

BANK: _____ TELEPHONE: _____

ADDRESS: _____ CITY _____ ST _____ ZIP _____

OFFICER IN CHARGE OF YOUR ACCOUNT: _____

CHECKING ACCOUNT # _____

TRADE REFERENCES:

SUPPLIER: _____ PHONE _____ EMAIL _____

ADDRESS: _____ CITY _____ ST _____ ZIP _____

SUPPLIER: _____ PHONE _____ EMAIL _____

ADDRESS: _____ CITY _____ ST _____ ZIP _____

SUPPLIER: _____ PHONE _____ EMAIL _____

ADDRESS: _____ CITY _____ ST _____ ZIP _____

I/WE HEREBY AUTHORIZE DOYLE'S SUPPLY, INC. TO REVIEW INFORMATION CONTAINED IN THIS APPLICATION AND AUTHORIZE OUR BANK AND TRADE REFERENCES TO RELEASE ANY REQUESTED INFORMATION FOR THE PURPOSES OF GRANTING CREDIT TO DOYLE'S SUPPLY, INC. UPON THEIR REQUEST.

FIRM NAME/LEGAL ENTITY NAME: _____

DATE: _____

OWNER/PRINCIPAL/OFFICER SIGNATURE TITLE: _____

DATE: _____

OWNER/PRINCIPAL/OFFICER SIGNATURE TITLE: _____

PERSONAL GUARANTEE

1. IN CONSIDERATION OF DOYLE'S SUPPLY INC. EXTENDING CREDIT TO THE ABOVE APPLICANT, FOR ANY MATERIALS AND/OR SERVICES AFTER THIS DATE AT THE REQUEST OF APPLICANT OR ITS' AGENTS, THE UNDERSIGNED HEREBY PERSONALLY GUARANTEES UNCONDITIONALLY AND IRREVOCABLY THE PROMPT PAYMENT OF ANY SUMS NOW OR HEREAFTER OWED TO DOYLE'S SUPPLY INC. FOR GOODS SOLD, SERVICES RENDERED OR OTHER RELATED WORK PERFORMED AT THE REQUEST OF THE APPLICANT OR ITS' AGENTS, WHETHER SAID SUMS ARE OR WILL BE DUE DOYLE'S SUPPLY INC. UNDER OPEN ACCOUNT, CONTRACT OR OTHERWISE.

2. THE UNDERSIGNED SHALL PAY TO DOYLE'S SUPPLY, INC. FORTHWITH WHEN DUE, OR UPON DEMAND THEREAFTER, WITH INTEREST AT THE ANNUAL PERCENTAGE RATE OF 18% AND WITHOUT DEDUCTION FOR ANY CLAIM OF SET-OFF OR COUNTERCLAIM OF APPLICANT, THE FULL AMOUNT OF ALL OBLIGATIONS OR INDEBTEDNESS DUE TO DOYLE'S SUPPLY INC. FROM THE APPLICANT, TOGETHER WITH ALL EXPENSE OF COLLECTION AND REASONABLE ATTORNEYS' FEES INCURRED BY DOYLE'S SUPPLY INC. BY REASON OF DEFAULT OF THE APPLICANT.

3. THE OBLIGATION OF THE UNDERSIGNED IS A PRIMARY AND UNCONDITIONAL OBLIGATION, JOINT & SEVERAL, AND COVERS ALL EXISTING AND FUTURE INDEBTEDNESS OF THE APPLICANT TO DOYLE'S SUPPLY INC. THIS OBLIGATION SHALL BE ENFORCEABLE BOTH BEFORE AND AFTER PROCEEDING AGAINST THE APPLICANT OR AGAINST ANY SECURITY HELD BY DOYLE'S SUPPLY, INC. AND SHALL BE EFFECTIVE REGARDLESS OF THE SOLVENCY OR INSOLVENCY OF THE APPLICANT AT ANY TIME, OR BY THE SUBSEQUENT INCORPORATION, REORGANIZATION, MERGER, OR CONSOLIDATION OF THE APPLICANT AT ANY TIME, OR ANY OTHER CHANGE IN COMPOSITION, NATURE, PERSONNEL OR LOCATION OF THE APPLICANT.

GUARANTOR PRINTED NAME (No Title) _____ DATE _____

GUARANTOR SIGNATURE (No Title) _____

HOME-ADDRESS/CITY/STATE/ZIP: _____

HOME TELEPHONE _____ SS# _____