



FINANCE & CREDIT APPLICATION

Type of Business Structure Corporation Partnership LLC LP Proprietorship Other _____

Sales Tax Exempt Yes No If exempt, please attach Sales Tax Exemption Certificate

Company or Individual Name _____

D/B/A or Trade Style _____

Has the Business or Principal/Owner Ever Filed Bankruptcy, if Yes, indicate the Date Filed & Type _____

Street Address _____

City _____ State _____ ZIP Code _____ State of Incorporation _____

Date Established _____ Years in Business w/ Present Ownership _____ Federal Tax ID # _____

Phone _____ Cell _____ Fax _____

Name of Principal/Owner _____ Social Security __ / __ / ____ Date of Birth _____

Home Address _____ City _____ State _____ ZIP Code _____

Percentage of Business Owned _____ Driver's License _____ State _____

Bank Name _____ Contact _____ Phone _____

Email Address _____ Account Type _____ Account # _____

Finance Company Name _____ Contact _____ Account # _____

Email Address _____ Phone _____ Fax _____

Insurance/Surety/Bonding Company Name _____ Contact _____ Phone _____

Email _____ City _____ State _____ ZIP Code _____

GT Mid Atlantic Branch _____

Requested Credit Limit \$ _____

In consideration for the extension of credit, I/we agree to pay for all purchases within the Net 30-day terms. I/we agree to pay a 1.5% per month service charge on all past due balances. In the event any third parties are used to collect any outstanding monies owed by you, the undersigned agrees to pay all reasonable collection costs, including attorney fees (not to exceed 18%) whether or not ligation has commenced, and any/all costs of ligation incurred. The undersigned affirms they have the authority to execute this credit agreement on behalf of the above identified business.

The undersigned authorizes GT Mid Atlantic or its assignee to obtain from any credit reporting agency and authorizes the above-named bank(s), financial institution(s) and insurance/surety/bonding company(s) to release such information as is necessary to establish credit, financing or leasing arrangements with the above. The undersigned individual(s) is either a principal of the credit applicant or a personal guarantor of its obligations, providing written instruction to GT Mid Atlantic or its assignee or any potential assignee authorizing review of any personal credit bureau. Such authorization shall extend to obtaining a credit profile in considering this application and for the purposes of any update, renewal or extension of such credit and for the purposes of reviewing and collection of account. Any type or form of copy of this authorization shall be valid as the original.

Signature _____ Title _____ Date _____

Signature _____ Title _____ Date _____

Equal Credit Opportunity Act. If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. Notice: To obtain the statement, please contact GT Mid Atlantic, 629 S. Philadelphia Blvd, Aberdeen, MD 21001-0340 within 60 days from the date you were notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement. The Federal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract) because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is the Bureau of Consumer Protection, 1700 G Street NW., Washington, DC 20006.



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PERSONAL GUARANTEE

In consideration for GT Mid Atlantic extending credit to the business identified below for any materials and/or services after this date at the request of applicants or its agents, the undersigned individual hereby personally guarantees unconditionally and irrevocably the prompt payment of any sums now or hereafter owed to GT Mid Atlantic by the business identified below whether said sums are due under open account contract, or otherwise.

It is understood and agreed that credit, if extended, is to be on a continuing basis and may exceed estimated maximum credit limit required as stated in the credit agreement between GT Mid Atlantic and the applicant's business. GT Mid Atlantic shall not be obligated to notify the undersigned of the dates or amounts of any such credit and the undersigned waives demand, notice of default and any extension of time or any other forbearance, which may be extended by GT Mid Atlantic.

This guarantee shall continue in force until notice in writing, sent by registered or certified mail, return GT Mid Atlantic receives receipt requested. Said notice shall specify the date on which this guarantee is to be terminated; said date not to be less than seven days after such notice is received. Such termination shall in no way release the undersigned as to any sum or debt incurred prior to such termination.

Name _____
Person guaranteeing payment Individually

Home Address _____

Home Phone _____

Social Security ___/___/_____

Signature _____

Name of business whose account is guaranteed _____