

### BUSINESS CONTACT INFORMATION

Applicant Name		Date Business Commenced:	
Company Name		<input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other	
Phone   Fax			
E-mail			
REGISTERED COMPANY ADDRESS City, State ZIP Code			

### BUSINESS AND CREDIT INFORMATION

Business City, State/ZIP		Bank Name & Contact:	
How long at current address?		Bank Address City, State ZIP Code	
Business Phone:		Bank Contact Phone/Fax:	
Business Fax:		Account Number:	
E-mail:		Type of Account:	<input type="checkbox"/> SAVINGS <input type="checkbox"/> CHECKING <input type="checkbox"/> OTHER

### BUSINESS / TRADE REFERENCES

Company name		Direct Phone		Fax	
Address, City, State, Zip		Contact Name		Email	
Company name		Direct Phone		Fax	
Address, City, State, Zip		Contact Name		Email	
Company Name		Direct Phone		Fax	
Address, City, State, Zip		Contact Name		Email	

### AGREEMENT

By submitting this application acting as an approved agent for your company, you authorize Phillips Scales, LLC to make inquiries into the banking and trade references that you have supplied on this application. The undersigned indemnify and hold harmless Phillips Scales, LLC from any and all liability connected with such contact.

Signed:		Printed Name:		Date:	
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(907) 344-2134 Phone  
 (907) 522-1650 Fax  
 6727 GREENWOOD STREET  
 ANCHORAGE, ALASKA 99518

**AUTHORIZATION TO RELEASE BANK INFORMATION**

Bank Name		Account Officer	
Phone		FAX	
Banking address City, State ZIP Code		Checking Account #	
		Loan Account #	

Dear Sir or Madam:

As part of my credit application dated \_\_\_\_\_, I hereby authorize any bank which I have listed on my credit application and to which you present this letter, to release to you all information pertinent to average balances, loans, unsecured and secured, and any other information which you feel is necessary to evaluate my application for credit purposes.

Company Name: \_\_\_\_\_

Date: \_\_\_\_\_

Authorized Signer: \_\_\_\_\_

Title: \_\_\_\_\_

NOTES:



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**PERSONAL AND INDIVIDUAL GUARANTEE**

The undersigned states that he, she, or they understand the contents on this document. The undersigned agree to be personally and individually liable to PHILLIPS SCALES for all debts that have been incurred by their firm, corporation, partnership or other entity represented. The undersigned agree that if the debts incurred by the business entity are not paid in full within forty-five (45) days from the date the items are purchased, they are immediately and individually liable for the debts plus all interest and carrying charges, attorney fees and collection costs. The undersigned further agree that only in consideration of their signing this agreement of personal liability has credit been extended to the business entity. The undersigned further understand that if the debt remains unpaid for forty-five (45) days after the date of purchase, that there is a late charge of 1-1/2% per month (18% per annum). If the rate of 1-1/2% per month (18% per annum) is prohibited by law, then the rate charged on the unpaid balance shall be the highest rate allowed by law. The undersigned further understands they will not be individually mailed copies of the billing or invoices of the business entity. The undersigned further agree to give thirty (30) days notice of cancellation of this agreement in writing and that PHILLIPS SCALES may cancel credit to the business entity if any one signatory withdraws their guarantee. The undersigned further agree to give notice of any change in address within 30 days of the address change.

I have read the above and understand and agree to individual guarantee my business entity's debt in full.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
**PRINTED NAME**

\_\_\_\_\_  
**SIGNED IN MY INDIVIDUAL CAPACITY AS GUARANTOR**

\_\_\_\_\_  
**PRINTED NAME**

\_\_\_\_\_  
**SIGNED IN MY INDIVIDUAL CAPACITY AS GUARANTOR**

\_\_\_\_\_  
**PRINTED NAME**

\_\_\_\_\_  
**SIGNED IN MY INDIVIDUAL CAPACITY AS GUARANTOR**