

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

1119 E 70th Ave
Anchorage, AK 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. With the submission of this document, the undersigned request PHILLIPS SCALES approve payment terms no greater than Net ____ (number of days after the invoice date the business entity is required to pay). 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 the payment terms, they are immediately and individually liable for said debts in addition to any applicable interest, 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 understand that if the debt remains unpaid past the agreed upon payment terms, late fees of 1.5% per month (18% per annum) may be assessed. In cases where the rate of 1.5% per month (18% per annum) is prohibited by law, the rate shall be the highest allowed by law. The undersigned understand PHILLIPS SCALES electronically mails invoices, copies of invoices are rarely sent by mail. The undersigned agree to give written notice of at least thirty (30) days to cancel this agreement 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
