

Business Credit Application

DATE _____



98 Verret Street
 Houma, LA 70360
 Phone (888)729-6101
 Local (985)876-7701
 Fax (985)876-7742
 sales@coastalbreaker.com

Please fill in, sign and fax back to
 (985) 876-7742

Coastal Breaker & Control
 Account No.: _____
 To be filled by Coastal Breaker & Control
 only.

LEGAL NAME OF APPLICANT		<input type="checkbox"/> INCORPORATED <input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP	
TRADE NAME / dba	FEDERAL TAX I.D. NO.	RESALE CERTIFICATE NO.	EST. MONTHLY PURCHASE \$
BILLING / MAILING ADDRESS		NAMES OF PRINCIPALS AND TITLES	
CITY, STATE, ZIP CODE			
PHONE NUMBER	FAX NUMBER		
PERSON TO CONTACT FOR PAYMENT	PHONE NUMBER		

AUTHORIZATION ARE YOU TAX EXEMPT? YES NO IF YES, PLEASE PROVIDE EXEMPTION CERTIFICATE.

To induce Coastal Breaker & Control to extend a line of credit for purchases under credit sales terms as stated on our invoices, we authorize Coastal Breaker & Control to contact the references and banks listed below. We also understand that this information will be held in strict confidence and will be used solely for the consideration of extension of credit to us.

SIGNED	TITLE
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BANK REFERENCES

NAME OF BANK	STREET ADDRESS	CITY, STATE, ZIP CODE
ACCOUNT NO.	NAME OF CONTACT	PHONE NO.
NAME OF BANK	STREET ADDRESS	CITY, STATE, ZIP CODE
ACCOUNT NO.	NAME OF CONTACT	PHONE NO.

ARE ANY ASSETS OF THE COMPANY PLEDGED AS SECURITY FOR DEBT? YES NO

MAJOR TRADE REFERENCES

NAME OF COMPANY	FAX NUMBER	CITY, STATE, ZIP CODE
1 _____		
2 _____		
3 _____		
4 _____		

FINANCIAL INFORMATION

FINANCIAL STATEMENT AS OF (FISCAL) YEAR END, DATED _____		IS, <input type="checkbox"/> ATTACHED OR <input type="checkbox"/> EXCERPTED BELOW:	
CURRENT ASSETS \$	CURRENT LIABILITIES	\$	
TOTAL ASSETS \$	NET WORTH	\$	
ANNUAL SALES \$	AFTER TAX PROFIT (LOSS)	\$	

Please fill out page 2 the personal guarantee with credit application



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Please indicate the desired credit amount \$ _____

THE UNDERSIGNED SUBMITS APPLICATION FOR CREDIT SUBJECT TO THE FOLLOWING TERMS, AND AS CONSIDERATION FOR THE EXTENSION OF CREDIT OR THE ESTABLISHMENT OF AN ACCOUNT REPRESENTS AND/OR AGREES AS FOLLOWS:

1. All the information submitted in the application is true and correct to the best knowledge, information and belief of the applicant.
2. The undersigned authorizes inquiry as to credit information and accordingly gives approval for those references to release credit information to Coastal Breaker & Control.
3. If credit is extended, the undersigned personally and unconditionally guarantees payment of all invoices, service charges, and costs of collection, according to the Credit Policies below.

Additions or alterations to this contract are null and void unless approved in writing by an authorized representative of Coastal Breaker & Control.

Date _____

Owner/Officer Signature _____

Title _____

Company Name _____

Credit Policies

Invoices are expected to be paid in full according to their terms.
Our terms are normally Net 30 Days

A service charge of 1-1/2% per month (18% APR)
will be charged on any past due balance.

Applicant will be responsible for all costs of collection, including court costs and reasonable attorney and/or collection agency fees, should it become necessary to refer the account for collection.