



**2 GIRLS ENTERPRISES, LLC
D/B/A WILSON EQUIPMENT ETC.**

**8 N. Cumberland Avenue
Ocoee, Fl. 34761
Telephone 407-654-9775
Fax: 407-656-7430**

CONFIDENTIAL CREDIT APPLICATION

For Office Use Only: NEW/UPDATE
Customer Number: _____
Credit Limit Amount: _____
Approved By: _____ Date: _____

BUSINESS INFORMATION:

NAME: _____
 BILLING ADDRESS: _____
 CITY: _____
 STATE: _____ ZIP: _____

DATE: _____
 Federal I.D. Number: _____
 D&B Number: _____
 Sales Tax: _____

Exempt	Taxable
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 (If exempt, please attach exemption certificate.)

Type of Business: _____
 Anticipated Monthly Purchases: \$ _____
 No. of Employees: _____ Annual Sales: \$ _____

Date Business Began: _____
 Business Phone: _____
 Business Fax No. _____

If branch or division, location of home office: _____

Name & Location of any other business owned: _____

Corporation: Partnership:
 State Incorporated: _____ Single Proprietor:

PRINCIPAL CORPORATE OFFICERS, PARTNERS, OR PROPRIETORS:

Name	Title	Home Address	State/Zip	Home Phone
1)				
2)				
3)				

NOTE: NOT VALID UNLESS SIGNED ON PAGE 3

BANK REFERENCE

1) Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Contact Name: _____

Type & Account Number	Checking #	Savings #	Loan #
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COMMERCIAL TRADE REFERENCES:

1) *Company Name:*

Address:

City:

State:

Phone:

Zip Code:

Fax:

Contact Name:

2) *Company Name:*

Address:

City:

State:

Phone:

Zip Code:

Fax:

Contact Name:

3) *Company Name:*

Address:

City:

State:

Phone:

Zip Code:

Fax:

Contact Name:

4) *Company Name:*

Address:

City:

State:

Phone:

Zip Code:

Fax:

Contact Name:

NOTE: NOT VALID UNLESS SIGNED ON PAGE 3

TERMS & CONDITIONS OF SALE:

PAYMENT TERMS: Payment of merchandise is net and is due within 30 days of date of shipping unless otherwise indicated.

CONDITIONS: It is agreed the buyer will pay all invoices within stated terms and agrees to all terms contained in invoices supplied by seller as may be amended from time to time. In the event payment is not made in a timely manner the buyer agrees to pay all collection costs and attorney fees incurred by seller in the enforcement of the terms and conditions of this agreement.

Buyer authorizes seller to investigate buyer's credit standing, financial circumstances and responsibility and authorizes and instructs all persons having information concerning buyer's credit standing, financial circumstances and responsibility to release such information to seller, its agents, attorneys or employees.

All of the information supplied by buyer is correct to the best of the knowledge of the undersigned, and the buyer understands that all goods or services purchased from seller are subject to all terms and conditions contained in this credit application and agreement and all other terms and conditions contained on any of seller's invoices.

SALES TAX : A resale certificate with a Tax I.D. number must be on file. Tax will be charged on all sales without a resale certificate on file.

RETURNED EQUIPMENT: No returned equipment will be accepted without our prior approval. If return of equipment is approved, an RMA number will be assigned and the following restocking charges will apply:

15% - Equipment returned in original factory carton in new condition

20% - Equipment returned in new condition, but not in factory carton.

Approval for return of any equipment that is not in new condition will only be made on a case-by-case basis. The restocking charge will be determined after a thorough inspection has been completed.

Return freight charges are the buyer's responsibility.

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AGREEMENT TO TERMS AND CONDITIONS: BY SIGNING THE AUTHORIZATION BELOW I AGREE AND ACKNOWLEDGE THAT I HAVE READ AND ACCEPT THE TERMS OF SALE AS DEFINED IN THIS DOCUMENT OR THOSE IN EFFECT AT THE TIME OF SALE.

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AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize our references and banks to release any information necessary to assist in establishing a line of credit with 2 Girls Enterprises, LLC D/B/A Wilson Equipment Etc.

Business Name: _____

Address: _____

City _____ State/Zip Code _____

Authorized by: _____ Title: _____

Must be Corporate Officer/Owner

Type or Printed Name: _____ Date: _____

*** SOLE PROPRIETORSHIP OR PARTNERSHIP AUTHORIZATION FOR RELEASE OF INFORMATION**

*Additional Release

I hereby authorize our references and banks to release any information necessary to assist in establishing a line of credit. If business credit information is not available or is limited and would prevent a credit decision, I authorize 2 Girls Enterprises, LLC D/B/A Wilson Equipment ETC. to request and obtain consumer credit reports on me in connection with the opening, monitoring, renewal and extension of this account. If I request I will be told whether my consumer credit report was requested and if so the name and address of the consumer credit agency that furnished the report.

Business Name: _____

Address: _____

City _____ State/Zip Code _____

Authorized by: _____ Title _____

Must be Principal Business Owner/Partner SSN. _____

Type or Printed Name: _____ Date: _____

**A copy of this form will be considered a bona fide authorization to release information*

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The personal guarantee below may be requested and become a part of the attached credit application if financial information provided is incomplete or insufficient to issue credit to the applicant.

PERSONAL GUARANTEE

In consideration for credit, I/We, the undersigned agree to further and wholly guarantee any debt incurred by _____ or its agents, and I/We agree to the terms listed in the above agreement.

This personal guarantee for corporate debt may be revoked by the undersigned upon thirty (30) days written notice to the creditor of the undersigned's intention to revoke said personal guarantee. The undersigned shall remain liable for any charges incurred with creditor prior to the end of said thirty (30) day period.

ALL CORPORATE OFFICERS MUST SIGN:

Applicant: _____

Date: _____

Applicant: _____

Date: _____

Applicant: _____

Date: _____