

Phone: 402-502-0437 Fax: 888-520-8947 Email: <a href="mailto:lnfo@ausupply.com">lnfo@ausupply.com</a> Address: 7856 F. St. Omaha, NE 68127

## **CREDIT APPLICATION**

I. CONTACT INFORMATION. All information must be for the exact entity for which credit is sought.
APPLICANT:
CONTACT:

APPLICANT:	CONTACT:			
ADDRESS:	PHONE:			
CITY: STATE: ZIP:	EMAIL:			
TAXPAYER ID NUMBER:	YEARS IN BUSINESS:			
NUMBER OF EMPLOYEES:	STATE OF INCORPORATION:			
SALES TAX EXEMPT: ( ) NO ( ) YES (attach certificate)	YEARS AT CURRENT ADDRESS:			
ENTITY TYPE: ( ) CORPORATION ( ) SOLE PROPRIETORSHIP	()PARTNERSHIP ()LLC ()OTHER:			
BILLING CONTACT NAME:	BILLING PHONE:			
PREFER TO RECEIVE INVOICES VIA: ( ) EMAIL ( ) MAIL	BILLING EMAIL:			
II. PRINCIPALS, OFFICERS, AND OWNERS OF APPLICANT Applicant. Attach additional pages as needed.	T. Include all principals, officers, and owners of more than 10% of			
NAME #1:	TITLE:			
ADDRESS:	CITY: STATE: ZIP:			
NAME #2:	TITLE:			
ADDRESS:	CITY: STATE: ZIP:			
NAME #3:	TITLE:			
ADDRESS:	CITY: STATE: ZIP:			
III. BUSINESS/TRADE REFERENCES. Provide at least 3 refer	ences, not including Applicant's primary Bank.			
NAME #1:	CONTACT:			
ADDRESS:	CITY: STATE: ZIP:			
PHONE:	() VENDOR () SUPPLIER () OTHER:			
NAME #2:	CONTACT:			
ADDRESS:	CITY: STATE: ZIP:			
PHONE:	() VENDOR () SUPPLIER () OTHER:			
NAME #3:	CONTACT:			
ADDRESS:	CITY: STATE: ZIP:			
PHONE:	() VENDOR () SUPPLIER () OTHER:			



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IV.	FINANCIAL INFORMATION. Provide information for	or most red	ent year.			
GROS	SS BUSINESS INCOME:		NET AS	SETS:		
BANK	:		CONTA	.CT:		
ADDRESS:			CITY:		STATE:	ZIP:
PHON	IE:		TYPE:	() CHECKING	G ()SAVINGS (	) OTHER:
V.	RISK ASSESSMENT					
Are th	ere any pending judgments against Applicant?	( ) NO	()YES	, explain:		
Has A	pplicant declared bankruptcy in the last 14 years?	( ) NO	()YES	, explain:		
Is App	licant a party to a pending lawsuit?	( ) NO	()YES	, explain:		
Are ar	ny of Applicant's taxes delinquent or under dispute?	( ) NO	()YES	, explain:		
AUS h in con AUS n suspe by the	US's General Terms and Conditions for the Sale of Gonereby confirms that all information provided will be us fidence. If AUS at any time determines in its sole discount require payment in advance before the delivery of nded by AUS if any account with AUS is past due and account of the Applicant.	ed for the cretion that any produ	sole purpet t Applicar cts or ser	ose of assess nt's credit is o vices. Applica (including atto	r has become impa nt acknowledges th	aired or unsatisfactor at credit terms may b
SIGNA	ATURE OF AUTHORIZED REPRESENTATIVE			TITLE		
PRINT	FED NAME OF AUTHORIZED REPRESENTATIVE	<u> </u>		DATE		
payme AUS be be a control permit proceed ten (1) modify	PERSONAL GUARANTY. May be required at the consideration for AUS extending credit to the Applicant ent of any obligation of the Applicant to AUS. Guarant by the Applicant. Guarantor further agrees to pay all continuing and irrevocable guaranty and indemnity for sted by law, to waive notice of presentment, demand, ed against the Applicant. This Personal Guaranty shall 0) years from date of last sale. Subsequent agreement of this Personal Guaranty.	t, the Gua tor hereby osts of col indebtedne non-paym Il not to ex	rantor(s), agrees to lection ind ess of the ent, disho ceed five	o pay AUS on cluding reasor Applicant. Th onor and prote million dollars	n demand, without on hable attorney's fee he Guarantor hereby est, along with the r is (\$5,000,000) and	offset, any sum due to so. This Guaranty sha y agrees, to the exteright to require AUS to will remain in force for
SIGNA	ATURE OF GUARANTOR #1		SIGNAT	TURE OF GUA	ARANTOR #2	
PRIN1	FED NAME OF GUARANTOR #1	_	PRINTE	D NAME OF	GUARANTOR #2	