



Salesmen Initials \_\_\_\_\_

Branch \_\_\_\_\_

### APPLICATION FOR CREDIT

CUSTOMER INFORMATION						
Print Customer Name (Individual or Company):						
(d/b/a) Trade Name:						
Physical Address:						
City:		State:		Zip Code:		
Mailing address:						
City:		State:		Zip Code:		
Phone:		Fax:		E-mail:		
AUTHORIZED AGENT(S)						
Corporation or Partnership?		Yes	No	Federal I.D. No.		
Sole Proprietorship?		Yes	No	Social Security No.		
CEO/Owner:				Treas./Partner:		
State of Incorporation:				Year of Incorporation:		
If required, will your firm submit a Financial Statement?				Yes	No	
ACCOUNTING INFORMATION						
A/P Contact:			Email:			Ph:
Are you Tax Exempt?		Yes	No	If Yes, Attach Proper Form		
Is A Purchase Order Required?		Yes	No	Instructions:		
Do you have insurance for leased/rental equipment?		Yes	No	*If Yes, Attach Proper Form		
<b>*A Damage Waiver Fee will be charged at a rate of 15% of rental rate if you elect not to provide insurance coverage.</b>						

BANKING INFORMATION						
Bank Name:			Contact:			
Address:			City, State, Zip:			
Phone:		Fax:		Email:		
CREDIT REFERENCES <i>(Attach company profile, if available)</i>						
Company Name:			Contact:	Acct. #		
Address:			City, State, Zip:			
Phone:		Fax:		Email:		
Company Name:			Contact:	Acct. #		
Address:			City, State Zip:			
Phone:		Fax:		Email:		
Company Name:			Contact:	Acct. #		
Address:			City, State, Zip:			
Phone:		Fax:		Email:		

**TERMS & PERMISSION TO OBTAIN CREDIT INFORMATION**

**TERMS ARE "DUE UPON RECEIPT."** Finance charges of 1-1/2% per month may be added to accounts not paid within thirty (30) days. I (We) understand the information furnished to Premier platforms, Inc. in this Application is for the sole purpose of obtaining credit from Premier Platforms, Inc. and that I am (We are) authorized in My (Our) capacity to bind My (Our) company accordingly. A 3% Bank Fee will be charged on all credit and debit card payments.

**PERMISSION TO OBTAIN CREDIT INFORMATION.** For the purpose of securing credit from you, I/We make the above representations and I/We certify that the above information is true and complete to the best of my/our knowledge. You are authorized to check my/our credit history and to answer questions about your credit experience with me/us.

**AUTHORIZED AGENT:**\_\_\_\_\_  
Signature of Corporate Officer/Owner\_\_\_\_\_  
Date\_\_\_\_\_  
Print Name\_\_\_\_\_  
Title**INDIVIDUAL PERSONAL GUARANTEE**

*In consideration of credit being extended to the above named company, I personally guarantee all indebtedness hereunder. I further agree that this guarantee is an absolute, complete and continuing one, and no notice of the indebtedness or any extension of credit already, or hereafter contracted by or extended need be given. The terms may be re-arranged, extended, and/or renewed without notice to me. That I will within five (5) days from date of notice that the account is past due, pay the amount due. In the event an attorney is used to enforce this guarantee, I agree to pay reasonable attorney's fees in an amount of not less than fifteen percent (15%) of the outstanding indebtedness owed by the Company to Premier Platforms, Inc.*

*I further authorize Premier Platforms, Inc. to check my personal credit history at their discretion for the purpose of establishing or collecting my account. **(Guarantor: Please attach copy of current photo ID)***

**GUARANTOR'S SIGNATURE:** \_\_\_\_\_

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

Print Guarantor's Name: \_\_\_\_\_

SS#: \_\_\_\_\_

Home Address: \_\_\_\_\_

DOB: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Ph: \_\_\_\_\_

**WITNESS SIGNATURE:** \_\_\_\_\_

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

Print Witness Name: \_\_\_\_\_

**\*ISSUE OF CREDIT** is subject to the most liberal credit policies of Premier Platforms, Inc. Please *complete all sections and sign. Mail or fax to:*

**Premier Platforms, Inc.,**  
**1469 Dogwood Drive, Conyers, GA 30012**  
**(770) 922-7677 (770) 860-8448 Fax**  
[www.premierplatforms.com](http://www.premierplatforms.com)