





Hot Springs / Benton 501-760-5000

Corporate Office Hot Springs 501-321-1231

Hot Springs / Benton 501-321-9922

APPLICATION FOR CREDIT							
Company Name: or Individual Billing Address:			Tax I.D. #  Physical Address:				
Business Phone:  Mobile:				Fax: Accounts Payable Contact:			
Bank Name:				Acct #	Acct #		
Phone:				Contact:			
Is AR Sales Tax to be charged? Yes No If no, please attach sales tax permit.							
Trade References 1> 2> 3>	S: Name:		Address:		Fax:	Phone:	
Personal Referen	nces: Name:		Address:		Fax:	Phone:	
1> 2>							
Agreement of Terms: Our terms are stictly: NET 30 DAYS (Falk & AWI); Net 10 (Tool Source) from the date of invoice. A finance charge up to 1.41% per month will be assessed on accounts reflecting an unpaid balance of 30 days or older. If purchaser fails to fulfill the payment terms in all respects, then Falk/AWI/TS may (1) decline or suspend future purchases (2) make future purchases only upon receipt of cash; and /or (3) institute legal proceedings to collect the unpaid balance due. Should Falk/AWI/TS deem it necessary to institute legal proceedings to collect the sums due under this agreement, purchaser agreees to pay all costs of collection, including Falk's/AWI's/TS's reasonable attorney's fees.  Authorization to Obtain Credit:  I hereby grant permission to obtain any and all information deemed necessary to process this credit application. This information includes but is not limited to past and present employment status, verification of deposit accounts, past and present consumer credit record, mortgage and rent payment record.  I also grant you permission to use a photographic copy of this form containing my signature to obtain information regarding the terms mentioned above.  This authorization will remain in effect for the duration of the open account.  Consent to Jurisdiction Venue:  By executing this agreement the applicant agrees to submit any dispute to the jurisdiction and venue of the Courts of Garland County, Arkansas.  The parties further agree that this agreement shall be constructed pursuant to the laws of the State of Arkansas.							
Applicant Signature: Date:							
Please list your email address if you would like to have your statements and invoices emailed to you. This method will allow you to have your statement and invoices the very first day they are billed instead of 4-5 days after they are mailed. Email Address:							
Personal Guarantee For good and valuable consideration, and to induce Falk Supply Company/AWI/TS, to allow applicant to transact an open account; I unconditionally and individually guarantee the payment of the amounts owed to Falk Supply/AWI/TS by the applicant. Such guarantee shall apply to all debts until such time that my guarantee is withdrawn by certified mail to Falk Supply Company/AWI/TS, but such withdrawal shall not apply to obligations owed at such time. I also agree that all other terms of the account obligations will apply to me including, but not limited to, authorization to obtain credit and consent to jurisdiction and venue in the county and state of purchase.							
Signature:			Phon	e:			
Name:				ial Security #:			
Address:			City,	State, & Zip:			
Home Branch: To Be Completed by Sales Associate							
Associate Requesting Credit Check: Amount of Credit requested:							