



**Business Credit Application**

**Action Play Systems, LLC**  
18535 Old Statesville Rd., Suite C  
Cornelius, NC 28031  
Phone: 855-752-9277

**Company Information**

Legal name: \_\_\_\_\_

Trade name, if different: \_\_\_\_\_

Physical address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Shipping address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Billing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Federal ID #: \_\_\_\_\_ D&B #: \_\_\_\_\_

Nature of business: \_\_\_\_\_

Years in business: \_\_\_\_\_ Employees: \_\_\_\_\_

**Accounting Contact**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Desired line of credit: \_\_\_\_\_

Sales tax: Taxable \_\_\_\_\_ Exempt \_\_\_\_\_ (*Sales tax exemption certificate required.*)

**Principal Owners/Officers**

Name/Title                      Address                      City, State, Zip                      Phone

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

IN ORDER TO PROCESS THIS CREDIT APPLICATION, ALL INFORMATION MUST BE COMPLETED.

**Commercial Credit References**

Company name: \_\_\_\_\_

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Company name: \_\_\_\_\_

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Company name: \_\_\_\_\_

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Company name: \_\_\_\_\_

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Bank Reference**

Name of bank: \_\_\_\_\_ Contact name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**General Provisions**

This application and the information herein is a request for credit whereas applicant certifies that the firm (s)he represents is doing business as a Corporation, Partnership or Sole Proprietorship (*please check one*). The applicant authorizes Action Play Systems to obtain a written or oral credit report from any credit reporting agency. The applicant further authorizes any bank or commercial business with which the applicant is doing or has done business to give any and all necessary information to Action Play Systems which will assist the creditor in the credit investigation. The applicant further authorizes Action Play Systems to reinvestigate the applicant's credit status from time to time as the creditor deems necessary, and should Action

Play Systems, upon such reinvestigation, deem it necessary, to limit or terminate the credit arrangement.

Upon credit approval terms are **net 30 (thirty) days**. Applicant agrees to pay any and all finance charges assessed at the rate of 1.5% per month (18% per annum, or such other amount permitted by applicable law), for late payment of any invoice. Applicant agrees to pay for all collection and/or attorney fees, related costs and subsequent charges for any balance placed for collection. Should the applicant, at some future time, deviate from Action Play Systems' term, the creditor reserves the right to terminate future extension of credit. If applicant's account should become delinquent or exceed the established credit limit set by Action Play Systems, orders are subject to being held until payment (check or credit card) is received by Action Play Systems to bring the applicant's account to a current status.

If there is any change in the status of the applicant (name, address, principals, tax number, etc.), notification in writing must be made to Action Play Systems and new credit application may have to be completed.

Company name: \_\_\_\_\_

Owner/Officer Signature: \_\_\_\_\_

Title: \_\_\_\_\_

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

### **Personal Guaranty**

I, \_\_\_\_\_ (guarantor) residing at \_\_\_\_\_ (address), in order to induce Action Play Systems of Charlotte, NC (further known as APS) to extend credit to - \_\_\_\_\_ (name of company) hereby guarantee to APS the prompt payment, when due, of every claim of APS which presently exists or which may hereafter arise in favor of APS against the company.

This is a continuing guaranty and shall remain in force until revoked by me in writing to APS, but such revocation shall be effective only as to claims of APS which arise out of transactions entered into after its receipt of such notice. This obligation shall cover the renewal of any claims guaranteed by this instrument or extensions of time of payment thereof, and shall not be affected by any surrender or release by APS (in whole or in part) of any claim or of other security held by it for any claim guaranteed.

In the event of default by the Company in making payment on any claims of APS when due, I agree, without APS first having to proceed against the Company, to pay on demand all sums due and to become due to APS from the Company, and all losses, costs, attorney's fees, or expense which APS might suffer by reason of the Company's default.

In witness whereof I have signed on \_\_\_\_\_(date)

\_\_\_\_\_(sign)