



**CREDIT APPLICATION AND AGREEMENT
(Business Only – Strictly Confidential)**

Date: _____

Credit Requested \$ _____

BUSINESS NAME: _____

MAILING ADDRESS: _____

CITY, STATE ZIP CODE: _____

STREET ADDRESS: _____

CITY, STATE ZIP CODE: _____ **COUNTY:** _____

TELEPHONE NUMBER: _____ **FAX NUMBER:** _____

TYPE OF BUSINESS: _____ **YEARS IN BUSINESS:** _____

OTHER BUSINESS LOCATIONS: _____

FORM OF ORGANIZATION (*Check One*):

- Corporation
 Partnership
 LLC
 Sole Proprietorship
 Other

STATE OF INCORPORATION: _____ **FEDERAL TAX ID NO:** _____

STATE TAX: (*Check appropriate box*)

- Taxable
 Non-taxable
 Resale Tax Number: _____

CONTRACTORS LICENSE NO.: _____

INSURANCE CARRIER OR AGENT: _____

ADDRESS: _____ **PHONE:** _____

BONDING COMPANY NAME AND LOCATION (*if applicable and not same as above*): _____

BANK REFERENCES:

Bank Name/Branch	Name of Contact	Phone Number	Type of Account	Account Number
1.				
2.				

TRADE REFERENCES:

Name	Address	Name of Contact	Phone Number
1.			
2.			
3.			
4.			

INFORMATION ON PRINCIPALS OF BUSINESS:

Name	Address	Title	Social Security No.
1.			
2.			
3.			
4.			

Cont.

AGREEMENT

THE STATEMENTS MADE ON THIS CREDIT APPLICATION, FOR THE PURPOSE OF OBTAINING CREDIT, ARE TRUE AND CORRECT AND THE SIGNER AUTHORIZES **SUNRISE STAFFING LLC** OR ITS AGENT TO MAKE NECESSARY CREDIT VERIFICATIONS WITH OTHER BUSINESSES, INCLUDING BANKS. WE UNDERSTAND THAT **SUNRISE STAFFING LLC** WILL ADD A SERVICE CHARGE OF 1.5% PER MONTH, 18% PER ANNUM TO ALL PAST DUE INVOICES, EXCEPT WHERE PROHIBITED BY LAW. AN INVOICE IS CONSIDERED PAST DUE IF NOT PAID WITHIN 30 DAYS OF INVOICE DATE AND SERVICE CHARGES ARE ASSESSED MONTHLY ON ALL PAST DUE INVOICES. WE DO HEREBY AGREE TO PAY THE SAME. THE UNDERSIGNED FURTHER AGREES TO PAY ALL EXPENSES INCLUDING COURT COSTS, LEGAL AND ADMINISTRATIVE EXPENSES, AND ATTORNEY FEES PAID OR INCURRED BY **SUNRISE STAFFING LLC** IN ENDEAVORING TO COLLECT SUMS DUE AND OWING BY THE COMPANY.

VENUE WILL BE AT THE SOLE DISCRETION OF **SUNRISE STAFFING LLC**.

SIGNATURE(S)

If Corporation or Partnership:

If Proprietorship:

Name of Business: _____

Signature of Owner

Date

By: _____

Title: _____

Date: _____

JOINT PERSONAL GUARANTEE

(For corporation or partnership)

The undersigned, for and in consideration of your extending, at our request, credit to the above Customer, hereby personally guarantee to you the prompt payment of any and all obligations of the Customer to you and we hereby agree to bind ourselves to pay you on demand any sum which may become due to you by the Customer without first requiring you to proceed against the Customer. This guarantee shall be a continuing and irrevocable guarantee and indemnify for such indebtedness of the company. We do hereby waive notice of acceptance, default and nonpayment and consent to any modification or renewal or indulgence of the Customer's obligations hereby guaranteed.

Name: _____

Signature: _____

Relationship to Customer: _____

Date: _____

Name: _____

Signature: _____

Relationship to Customer: _____

Date: _____