SAMPLE CREDIT APPLICATION

Salt Lake County

(Organization Name) (Address) (Telephone Number)

CREDIT APPLICATION

Please fill out the information below and return it as soon as possible in order for us to have complete and accurate information in your file. Thank you for taking the time to help us serve you better.

CUSTOMER INFORMATION					
Customer Name:					
Address 1:					
Address 2:					
City:		State:	Zip:		
Phone Number:	State: Zip: Fax Number: Mobile Number:				
Contact Person (If Corporation	on or Group):				
Oate of Birth: Driver License Number:					
	BANK REFE	RENCE			
Banking Institution: Contact Person:		_ City: Phone #:	State:		
	CREDIT REFE	RENCES			
1) Company:	2) (Company:			
Contact Person:	(Contact Person:			
Address:		Address:			
Phone #	·	Phone #			
Comments:		Comments:			

TERMS OF SALE

All credit purchases are due no later than 30 days following the receipt of a statement. All credit purchases shall be subject to interest charges on past due amounts. Payments received after the due date will be charged interest at 1½ percent per month (18 percent per annum) on the unpaid balance of the account. The interest charged will be applied to your previous statement balance after deducting current payments and/or credits. Collection costs, including reasonable attorney's fees, shall be payable by the purchaser if the need arises to use outside collection services or if the account is referred to the District Attorney's Office.

AUTHORIZING STATEMENT

The undersigned:

- 1) certifies that all information provided is true and correct
- 2) agrees to abide by the terms of sale specified above

I (we) hereby apply for credit and affirm financial responsibility and willingness to pay invoices in accordance with published terms. The above information is warranted to be true and complete. We hereby authorize you to verify and collect information on us, including but not limited to bank references, credit references, consumer and/or commercial credit reports. We agree to pay a monthly finance charge of the maximum applicable state rate on all past due balances. We agree to pay all costs of collection and litigation on this account in accordance with Utah State laws and Salt Lake County ordinances. We agree that all decisions with respect to the extension or continuation of credit shall be in the sole discretion of Salt Lake County

Signature:	Date:
Officer Signature (If Corporation or Group):	Date:
I AGREE TO PERSONALLY GUARANTEE PAYMENT OF	F ANY UNPAID BALANCE UNDER THIS AGREEMENT.
Ву:	_ Date:
Signature of Individual	