Credit Application

Financial Assurance: Please sign Personal Guarantee for on-going credit OR provide Letter of Credit for project credit.

Personal Guarantee: For valuable consideration or to be given, the undersigned hereby personally guarantees to pay all indebtedness or liability incurred in the name of the applicant firm without qualification or limitation. This is a continuing guarantee and shall continue so long as credit is extended. This guarantee may only be terminated for future indebtedness by written notice to seller's credit department with signed acknowledgment of receipt. The undersigned waives notice of default, diligence, resort to security, joinder of debtor, or obligation to proceed first against debtor. Undersigned also understands and agrees to pay a finance charge of 1.5% per month on unpaid balances if account with Wolf Creek Company becomes delinquent and agrees to pay attorney and court costs should account be placed for collection.

Signed by Guarantor:			Signed by Guarantor:			
Date:			Date:			
Information Rele	ease Agreement: I her e Wolf Creek Company	reby give the name . I also attest the ir	ed credit references ar nformation provided is	nd bank authoriza true and represer	tion to release nts factual	
Signed by Officer:			Credit Amount Desi	red·\$		
Title:Date:			Credit Amount Desired: \$ Federal ID:			
Organization Information:			r ederal ID.			
			Contacts: Please si	upply approved co	ontact information for	
			key staff. Must have			
City:State: Zip:			cinali and desired password.			
Phone:Fax:						
Year started: Require Purchase Orders?: ☐ Y ☐ N			Owner/Officer:			
Type: ☐ Corpo	oration Partner	rship	Title:			
	ietorship 🔲 Associa		Home Address:			
☐ Educ	ationt Govern	ment	City:		Zip:	
	dual		Email:			
Declared bankruptcy or been sued within the past five years? ☐ Y ☐ N (If yes, please attach an explanation.) What is the primary purpose of this organization?			Owner/Officer:			
			Title:	SS#:		
			Home Address:			
Credit References:			City:	State:	Zip:	
Bank:			Email:		·	
Address:						
City:	State:	_ Zip:	Purchasing:			
Contact:	Phone:		Address: City:	State:	7in:	
Fax:	:: Email:		Phone:			
Account #: Type:						
Firm:			Email:			
	0 1 1		Payables			
•	State:	=	Address:			
	Phone:		City:		•	
	Email:		Phone:	Fax:		
Firm:			Email:			
Address:			Thank you for apply	ing for credit with	us Providina	
City: State: Zip:			complete and legible information will help us determine			
Contact:	ontact: Phone:			your credit status sooner!		
Fax:	Email:		Please attach docur	mente or notes vo	u helieve helpful	
Firm:			Our Credit Manager	will notify you one	ce vour request is	
Address:			completed. Return t		,	
Citv:	State:	Zip:	Datum to Malf O	eak Camanana		
	Phone:		Return to: Wolf Cr			
	Email:		Trotwo	olf Creek Pike od Ohio 45426		

WOLF CREEK CO.

DISTRIBUTION

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