



CREDIT APPLICATION

ACCOUNT INFORMATION

| | | | | | |
|---|--|---|---------------------------|--------------|-----------|
| Amount of credit requested: | | | Date: | | |
| Account name: | | | | | |
| Billing address: | | City: | | State: | Zip Code: |
| Phone: | | Fax: | | E-mail: | |
| How would you like to receive your invoices/statements? <input type="checkbox"/> E-Mail <input type="checkbox"/> Mail | | | | | |
| Federal ID or SSN #: | | | Partnership: | Corporation: | Other: |
| Chief place of business (if different): | | | | | |
| Address: | | | | | |
| Who will be responsible for payment: | | | | | |
| Name of Officers or Partners: | | | | | |
| Number of years in business: | | | Approximate annual sales: | | |
| If individual, place of employment: | | | Phone #: | | |
| For what job is credit being obtained: | | | Location: | | |
| Is credit being obtained for a bonded job: | | | | | |
| Name, address & phone number of bonding company: | | | | | |
| Do you use Purchase Orders? | | If yes, do you use separate PO's for each job: (We are not responsible for obtaining PO numbers. This is the responsibility of the purchaser.) | | | |
| Are you tax exempt? | | If, yes, please attach a tax exempt certificate for the state that you are claiming exemption. Please note that we cannot remove tax from any invoice until a certificate is approved and on file. | | | |

BANK / TRADE REFERENCES

| | | | |
|-----------------|--------|--------|------|
| Company name: | | | |
| City: | State: | Phone# | Fax# |
| | | | |
| Company name: | | | |
| City: | State: | Phone# | Fax# |
| | | | |
| Company name: | | | |
| City: | State: | Phone# | Fax# |
| | | | |
| Bank Reference: | | | |
| City: | State: | Phone# | Fax# |

AGREEMENT

The above information is given for the purpose of obtaining credit and is warranted to be true. I/We, undersigned, hereby authorize all of the above named companies to release to The Wells Group, LLC, or its representatives, such information with regard to my/our financial condition as may reasonably have a bearing on this application. I/We authorized The Wells Group, LLC to obtain a customer credit report on my/our personal/business credit history if necessary, in accordance with the Federal Fair Credit Reporting Act, and to use this report in making decisions concerning my/our credit worthiness for a 30-day account. For and in consideration of any credit which may now be extended or which may hereafter be extended by The Wells Group, LLC to the above named company as purchaser, the undersigned unconditionally and absolutely does personally and individually guarantee to The Wells Group, LLC, its successor or successors or assigns payment any and all indebtedness that may now be due or which may hereafter become due from time to time from purchaser, including attorney's fees incurred in the enforcement and collection of said indebtedness and this agreement. This is a continuing guarantee relating to any and all indebtedness of purchaser. It shall be binding upon the heirs, legal representatives and/or assigns and upon the estate of the purchaser. It is also agreed that a monthly service charge of 1.5% on all accounts over 30 days old will be paid. The undersigned must be a **corporate officer, partner, and/or owner of the company.**

SIGNATURE

| | | |
|------------|--------|-------|
| Signature: | Title: | Date: |
|------------|--------|-------|