



Facilities Management, LLC

"COMPLETE FACILITIES SOLUTIONS"
COVERING ALL OF INDIANA

WWW.FMCANFIXIT.COM

APPLICATION FOR CREDIT

Legal Business Name: _____
Operating Name: _____
Billing Address _____ City _____ St _____ Zip _____
Phone: _____ Fax: _____ Email: _____
Federal Tax ID # _____

Corporation: _____ Partnership: _____ Proprietorship: _____ Other: _____

Type of Business: _____ Year Established: _____
Are Financial Statements Available: Yes _____ No _____
Yearly gross sales: _____

NOTE: IF BUSINESS IS LESS THAN FIVE YEARS OLD, YOU MUST COMPLETE THE PERSONAL GUARANTEE

NAME AND ADDRESS OF OWNERS, PARTNERS, AND OFFICERS:

Name: _____ SS#: _____ Title: _____
Address: _____ City: _____ St. _____ Zip: _____
Phone: _____

Name: _____ SS#: _____ Title: _____
Address: _____ City: _____ St. _____ Zip: _____
Phone: _____

Name: _____ SS#: _____ Title: _____
Address: _____ City: _____ St. _____ Zip: _____
Phone: _____

Name: _____ SS#: _____ Title: _____
Address: _____ City: _____ St. _____ Zip: _____
Phone: _____

CREDIT REFERENCES:

Name: _____ Acct #: _____ Title: _____
Address: _____ City: _____ St. _____ Zip: _____
Phone: _____

Name: _____ Acct #: _____ Title: _____
Address: _____ City: _____ St. _____ Zip: _____
Phone: _____

Name: _____ Acct #: _____ Title: _____
Address: _____ City: _____ St. _____ Zip: _____
Phone: _____

APPLICATION FOR CREDIT (CONTD)

BANK REFERENCE:

Bank Name: _____ Acct #: _____
Address: _____ City: _____ St. _____ Zip: _____
Phone: _____
Bank Contact Name: _____

Credit line request: _____

CREDIT TERMS:

- I/WE (hereinafter "**CREDIT APPLICANT**") herein make application to **FACILITIES MANAGEMENT, LLC** (hereinafter "**FACILITIES MANAGEMENT**") for credit and/or services in this application for credit (hereinafter "**CREDIT APPLICATION**") to update and reconfirm our existing account balance with **FACILITIES MANAGEMENT**. In making this application, **CREDIT APPLICANT** expressly authorizes **FACILITIES MANAGEMENT** to contact any references or banks listed in this **CREDIT APPLICATION**, and request that credit reports and related information be pulled in order to establish the creditworthiness of the **CREDIT APPLICANT**.
- If credit is granted, **CREDIT APPLICANT** agrees to pay for all goods and services purchased from **FACILITIES MANAGEMENT** by the terms of the invoice, and **CREDIT APPLICANT** understands that this payment is typically due upon receipt.
- In the event payment is not made per the terms of the invoice with **FACILITIES MANAGEMENT** and this account is referred for collection, **CREDIT APPLICANT** agrees to pay all costs of the collection process. If **FACILITIES MANAGEMENT** initiates a suit through an attorney arising from this collection, **CREDIT APPLICANT** promises to pay reasonable attorney fees in said suit or action. Venue for this suit or action shall be in the state and county of **FACILITIES MANAGEMENT's** choice. **CREDIT APPLICANT** specifically understands that they are waiving their right to a choice of venue in this regard.
- **CREDIT APPLICANT** agrees to pay interest and service charges at the highest rate permitted by law. **CREDIT APPLICANT** gives their permission to **FACILITIES MANAGEMENT** and/or its agents to verify and/or supplement the information listed herein. **CREDIT APPLICANT** understands that by providing the information above and signing this form below, **CREDIT APPLICANT** is consenting to receive communications sent via facsimile, e-mail, and/or telephone, by or on behalf of, **FACILITIES MANAGEMENT**.
- **CREDIT APPLICANT** understands all decisions with respect to the extension and continuation of credit shall be made at the sole discretion of **FACILITIES MANAGEMENT**. **CREDIT APPLICANT** also understands that the credit terms and limit may be canceled or changed at the sole discretion of **FACILITIES MANAGEMENT** provided that current credit accounts are given a thirty (30) day notice of any changes.

CREDIT APPLICANT agrees with the terms of the **CREDIT APPLICATION** and states that all information contained in this **CREDIT APPLICATION** is true and correct. By signing below, **CREDIT APPLICANT** authorizes **FACILITIES MANAGEMENT** to contact all references listed herein, inquire as to credit and related information, and receive any confidential information relevant to proving and evaluating **CREDIT APPLICANT's** credit usage and history.

CREDIT APPLICANT has read and understands the above terms and conditions, and hereby agrees to them:

DATE: _____

NAME AND TITLE: _____

SIGNATURE OF **CREDIT APPLICANT**: _____

APPLICATION FOR CREDIT (CONTD)

FOR PROPRIETORSHIPS, PARTNERS, S-CORPORATIONS IN THE UNITED STATES

I AUTHORIZE **FACILITIES MANAGEMENT** AND ITS ASSIGNS TO OBTAIN A CONSUMER CREDIT REPORT ON MY CREDIT HISTORY:

DATE: _____ SIGNATURE OF **CREDIT APPLICANT**: _____

PERSONAL GUARANTEE

THE UNDERSIGNED, FOR CONSIDERATION DOES HEREBY INDIVIDUALLY AND PERSONALLY GUARANTEE THE FULL AND PROMPT PAYMENT OF ALL INDEBTEDNESS TO **FACILITIES MANAGEMENT** HERETOFORE OR HEREAFTER INCURRED BY THE ABOVE BUSINESS. THIS GUARANTEE SHALL NOT BE AFFECTED BY THE AMOUNT OF CREDIT EXTENDED BY **FACILITIES MANAGEMENT** OR ANY CHANGE IN THE FORM OF SAID INDEBTEDNESS. NOTICE OF THE ACCEPTANCE OF THIS GUARANTEE, EXTENSION OF CREDIT, MODIFICATION IN TERMS OF PAYMENT, AND ANY RIGHT OR DEMAND TO PROCEED AGAINST THE PRINCIPAL DEBTOR IS HEREBY WAIVED. THIS GUARANTEE MAY ONLY BE REVOKED BY WRITTEN NOTICE WHICH SHALL BE SENT TO THE **FACILITIES MANAGEMENT** OFFICE BY CERTIFIED MAIL. ANY REVOCATION DOES NOT REVOKE THE OBLIGATION OF THE GUARANTORS TO PROVIDE PAYMENT FOR INDEBTEDNESS INCURRED PRIOR TO THE REVOCATION.

I, THE UNDERSIGNED, AUTHORIZE **FACILITIES MANAGEMENT** AND THEIR ASSIGNS TO OBTAIN A CONSUMER CREDIT REPORT AND TO CONTACT MY REFERENCES PROVIDED BELOW AS NECESSARY. AS GUARANTOR, I ALSO AGREE TO BEING BOUND BY THE ABOVE TERMS OF THE **CREDIT APPLICATION** RELATED TO: THE PAYMENT OF COSTS ARISING FROM ANY COLLECTION, THE PAYMENT OF REASONABLE ATTORNEY FEES, THE SELECTION OF VENUE, THE PAYMENT OF INTEREST AT THE HIGHEST RATE PERMITTED BY LAW, AND MY CONSENT RELATED TO RECEIVING COMMUNICATIONS FROM **FACILITIES MANAGEMENT**.

CREDIT REFERENCES:

Name: _____ Acct #: _____ Title: _____
Address: _____ City: _____ St. _____ Zip: _____
Phone: _____

Name: _____ Acct #: _____ Title: _____
Address: _____ City: _____ St. _____ Zip: _____
Phone: _____

GUARANTOR'S NAME: _____ **SIGNATURE:** _____

HOME ADDRESS: _____ CITY/STATE/ZIP _____

DATE: _____

TAX I.D. OR S.S. NO: _____