

TriCircle Pavers
2709 Jeffcott St. (Physical Address)
PO Box 51030 (Mailing Address)
Fort Myers, FL 33994
Tel. 239-332-2325 239-215-2380 Fax
billing@trirclepavers.com

Credit Application

Business Name: _____ **Web Site:** _____

Phone: _____ **Fax:** _____

Address: _____ **For:** _____ years
Street City State ZIP Code

Billing Address: _____
Street City State ZIP Code

Previous Address: _____
Street City State ZIP Code

D/B/A: _____ **Federal Tax I.D. Number:** _____

Parent Company: _____ **# Locations:** _____

Address: _____
Street City State ZIP Code

Subsidiaries/Affiliates: _____

Type of Business: _____ **Date Established:** _____

Does State/County/City require a License? Yes No **If Yes, License #:** _____

Company Status: Sole Proprietorship Partnership Corporation LLC LLP

Principle: _____
Name Title SS# Home Address

Principle: _____
Name Title SS# Home Address

Trade References: (Name suppliers of major products and services)

NAME	PHONE #	FAX #

Bank References: Checking Loan Savings

Name	Address	Account #	Contact
Name	Address	Account #	Contact

Line of Credit Requested \$: _____

No. Employees: _____ Est. Annual Sales \$: _____ Sales Territory: _____

Has the firm or any of its Principals ever been bankrupt? Yes No

If yes, explain: _____

Person to Contact About Account: _____

Name	Title
()	
Phone	E-mail address

Personal Credit Release

By signing this application, I authorize TriCircle or its agency to investigate my personal credit and financial records. As part of such investigation, I authorize TriCircle Pavers to request and obtain consumer credit reports on me in connection with the opening, monitoring, renewal and extension of this and other accounts with TriCircle Pavers and the marketing of other products and services to me and my business by TriCircle Pavers. I further authorize TriCircle Pavers to share the information received from my consumer credit report with TriCircle Pavers, parent, subsidiaries and affiliates (and others if applicable). If I request, you will tell me whether my consumer credit report was requested and if so the name and address of the consumer credit agency that furnished the report. Any misrepresentation in this application will be considered evidence of a fraud, since this information is the basis of the granting of credit. As an inducement to grant credit, the undersigned warrants that the information submitted is true and correct. You are authorized to investigate the credit references listed.

Print Name	Title	Print Name	Title
Signature	Date	Signature	Date

Personal Guarantee

In consideration of credit being extended by TriCircle Pavers to the above named applicant for product or service whether applicant be an individual or individuals, a proprietorship, a partnership, a corporation or any other entity, the undersigned guarantor or guarantors each hereby contract and guarantee to TriCircle Pavers the faithful payment, when due, of all accounts of said applicant for the purchases made within five years after the date of this application. Individual guarantors herein agree to pay upon demand all costs and expenses of collection, including but not necessarily limited collection fees and/or attorney fees herein fixed at 30% of the amount sought for collection, together with interest on the outstanding principle balance at the rate of 18% per annum or 1.5% per month on any and all invoices in accordance with the terms therein. The undersigned guarantor or guarantors each hereby expressly waive all notice of acceptance of this guarantee, notice of extension of credit to applicant, presentment, and demand for payment on applicant, protest and notice undersigned guarantor or guarantors of dishonor or default by applicant or with respect to any security held by TriCircle Pavers extension of time of payment to applicant, acceptance of partial payment or partial compromise, all other notices to which the undersigned guarantor or guarantors might otherwise be entitled and demand for payment under this guarantee. Absent written permission by creditor, this personal guarantee may not be revoked.

Print Name	Print Name
Signature	Signature
Date	Date
	Initial _____

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