



Manufactured Duct & Supply

The Applicant below hereby applies for an extension of credit from MANUFACTURED DUCT & SUPPLY, INC. its affiliates, successors and assigns, and certifies that the information contained below is true and correct.

CREDIT APPLICATION

COMPANY NAME _____
(Applicant)

BUSINESS ADDRESS _____ CITY _____

COUNTY _____, STATE GA _____, ZIP _____

MAILING ADDRESS (Billing) _____ CITY _____

COUNTY _____, STATE _____, ZIP _____

TELEPHONE _____ FAX _____ e-mail _____

DO YOU OWN BUSINESS FACILITY? YES NO DO YOU RENT BUSINESS FACILITY? YES NO

FEDERAL TAX NUMBER _____ SALES TAX NUMBER _____

STRUCTURE (circle one): CORPORATION PARTNERSHIP SOLE PROPRIETORSHIP

DATE FOUNDED _____

IS YOUR BUSINESS PRIMARILY (A) RESIDENTIAL _____ (B) COMMERCIAL _____
(Percentage) (Percentage)

IF SOLE PROPRIETORSHIP:

DO YOU OWN YOUR OWN HOME? YES NO OR DO YOU RENT YOUR HOME? YES NO

PRINCIPALS (NAMES, HOME ADDRESS, PHONE NUMBER, HOW LONG?)

PRESIDENT _____

VICE PRESIDENT _____

SECRETARY _____

TREASURER _____

MAJOR LINES (NAME BRANDS) OF PRODUCTS SOLD _____

BANK NAME _____ Tel./Fax No _____

ACCOUNT NUMBER _____

ATTACH FINANCIAL STATEMENT. IF NOT ATTACHED, PLEASE EXPLAIN

TYPE OF OCCUPATIONAL LICENSE AND CITY _____

CONTRACTOR'S LICENSE NO. _____

EXPECTATION OF WHAT MONTHLY CREDIT REQUIREMENTS WILL BE \$ _____

WERE ANY OF THE PRINCIPALS IN BUSINESS BEFORE? YES NO

IF YES, GIVE NAME & LOCATION _____

HAVE YOU OR ANY OF THE PRINCIPALS OF YOUR COMPANY EVER FILED FOR BANKRUPTCY? YES NO
APPLICANT AGREES TO SEND MANUFACTURED DUCT & SUPPLY, INC. WRITTEN NOTICE OF ANY CHANGES IN THE FORM OR OWNERSHIP OF APPLICANT'S BUSINESS WITHIN FIVE DAYS OF SUCH CHANGE.

CREDIT REFERENCES: PLEASE SUPPLY FAX & TEL NO.(INDICATE)

NAME	ADDRESS	CITY, STATE, ZIP	FAX/PHONE

The applicant, _____, agrees that payment of all amounts due shall be made in accordance with the terms and conditions set forth on the invoices and statements by MANUFACTURED DUCT & SUPPLY INC., Its affiliates, successors and assigns (hereinafter MDS). The applicant further agrees to pay all costs and expenses of collecting the account including attorney's fees in the amount of 15% of the balance owed.

_____	_____	_____
Corporate Signature	Title	Date

PERSONAL GUARANTY

In consideration of any extension of credit to applicant, _____, from MDS, the undersigned hereby jointly and severally personally and unconditionally guarantees the indebtedness of applicant and the payment of its accounts according to the terms established by MDS for credit sales. The indebtedness shall include any indebtedness incurred by applicant in the conduct of the applicant's business with MDS as well as attorney's fees and court costs incurred by MDS in enforcing this Guaranty. Venue for any action brought to collect the account or Guaranty shall be in Gwinnett County, Georgia. The undersigned individually and on behalf of applicant waves any right to jury trial of any matters arising out of the relationship created pursuant to this credit application. The undersigned also waives any and all exemptions from garnishment, attachment or legal process in favor of MDS to the extent permitted by Federal and State law, as amended. This is a continuing Guaranty, and until revoked, shall cover future indebtedness arising from successive transactions that either continue the indebtedness or, from time to time, renew it after it has been satisfied. The undersigned further agrees that MDS may pull or have pulled a consumer credit report on the individual guarantor(s) at any time the applicant is indebted to MDS.

The obligation of the undersigned is absolute and unconditional and shall not be affected by any surrender or release by MDS of any security held by it. Furthermore, MDS may extend the time for payment of the indebtedness for the same amount or a different amount with no notice to the undersigned without affecting the obligations of the undersigned to MDS. This Guaranty may only be revoked by written notice to MDS, delivered by certified mail, return receipt requested to its address at 6945 Business Court, Doraville, GA 30340. Revocation shall be effective on the 30th day following actual receipt of a written notice by MDS, and shall not apply to any indebtedness created or incurred by applicant before the effective date of such notice. The undersigned acknowledges receipt of a copy of the foregoing, and notice of acceptance of this Guaranty by MDS is waived.

DATE this _____ day of _____, 2017

(Guarantor Signature)

GUARANTOR'S ADDRESS

(Print name)

GUARANTOR'S SOCIAL SECURITY NO.

(Guarantor Signature)

GUARANTOR'S ADDRESS

(Print Name)

GUARANTOR'S SOCIAL SECURITY NO.

WITNESS'S PRINTED NAME AND ADDRESS:

WITNESS:

(Witness's Signature)