

***A DOLLAR AMOUNT MUST BE REQUESTED BEFORE CREDIT WILL BE CHECKED**

CREDIT LIMIT REQUESTED: _____

TAX EXEMPT NUMBER: _____

TERMS: ON APPROVED CREDIT ONLY:

Terms are one percent (1%) per month. All invoices not paid within 30 days will be subject to a one percent (1%) monthly service charge. Should the account be placed for collection with an outside collector, the costs of such collection will be added to the principal amount owing. The undersigned agrees that if for any reason this account shall be turned over to an attorney for collections, the undersigned sole proprietorship, corporation or partnership in whose favor credit is granted shall submit to the Courts of the State of South Carolina. No discount is allowed if the account is past due.

SIGNED: _____ **TITLE:** _____ **DATE:** _____

SIGNED: _____ **TITLE:** _____ **DATE:** _____

PERSONAL GUARANTY:

For and in consideration of Herbie Famous Fireworks T/A South Carolina Distributors granting open account terms to the aforesaid _____, customer, the undersigned does hereby **PERSONALLY GUARANTEE** payment of said account debt to include interest at one percent (1%) per month and all costs of collection to include a reasonable attorney fee should it be necessary to place the account with an attorney to accomplish collection.

SIGNATURE

WITNESS: _____

WITNESS: _____

**HERBIE FAMOUS FIREWORKS
T/A SOUTH CAROLINA DISTRIBUTORS
1406 CHEROKEE FALLS ROAD
CHEROKEE FALLS, SC 29702
PHONE: 864-839-2766 FAX: 864-839-2370**

**Confidential Credit Application
(Please type or print, filling in all spaces)**

COMPANY NAME: _____

Address: _____

Telephone: _____ **Years in Business:** _____

Please check one: **Sole Proprietorship** **Corporation** **Partnership**

PRINCIPAL: _____ **SOCIAL SECURITY #** _____

RESIDENCE: _____

PRINCIPAL: _____ **SOCIAL SECURITY #** _____

RESIDENCE: _____

PRINCIPAL: _____ **SOCIAL SECURITY #** _____

RESIDENCE: _____

COMPANY BANK: _____ **ACCOUNT #** _____

Address: _____

Telephone: _____ **Contact Person:** _____

CREDIT REFERENCES:

1) **NAME:** _____

Address: _____

Telephone: _____ **Contact Person:** _____

2) **NAME:** _____

Address: _____

Telephone: _____ **Contact Person:** _____

3) **NAME:** _____

Address: _____

Telephone: _____ **Contact Person:** _____