



*Kennedy Industries, Inc.*

*18853 US Highway 80 E., Brooklet, GA 30415-6692  
(912) 842-4370 Fax applications to: 912-842-4331  
P.O. Box 40, Statesboro, GA 30459*

**APPLICATION FOR CREDIT (Business)**

Date: \_\_\_\_\_

DBA or Trade Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Federal ID Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Contact Person Regarding Accounts Payable \_\_\_\_\_

Name Phone/Ext.

Physical Address \_\_\_\_\_

Street City State/Zip

Mailing Address \_\_\_\_\_

Street City State/Zip

Years Established: \_\_\_\_\_ Amount of Credit Requested: \$ \_\_\_\_\_

Type of Organization: ( ) Individual ( ) Partnership ( ) Corporation

Owner or President: \_\_\_\_\_

Name Address City State/Zip

Vice President: \_\_\_\_\_

Name Address City State/Zip

Sales Tax Exempt? Yes ( ) No ( ) (If Yes, Please furnish a properly completed copy of GA Department of Revenue Form ST-5.)

**Bank Reference**

\_\_\_\_\_  
Name of Bank                      Street or P.O. Box                      City                      State/Zip

Contact Person \_\_\_\_\_ Account Number \_\_\_\_\_

Fax Number \_\_\_\_\_ Phone Number \_\_\_\_\_

(Supplying fax numbers will speed the processing of application)

**Trade References (Minimum of Three)**

\*Supplying fax numbers will speed the processing of application

1. \_\_\_\_\_  
Name                                      Address or P.O. Box                      City                      State/Zip

\_\_\_\_\_  
Contact Name                      Fax Number\*                      Phone Number

2. \_\_\_\_\_  
Name                                      Address or P.O. Box                      City                      State/Zip

\_\_\_\_\_  
Contact Name                      Fax Number\*                      Phone Number

3. \_\_\_\_\_  
Name                                      Address or P.O. Box                      City                      State/Zip

\_\_\_\_\_  
Contact Name                      Fax Number\*                      Phone Number

**Credit History**

Has this Company ever filed Bankruptcy: Yes ( ) No ( ) If Yes, What Year? \_\_\_\_\_  
What Type (Chapter 7,11, etc.)? \_\_\_\_\_

Have any Principals(s) Owners of this Company ever filed Bankruptcy: Yes ( ) No ( )  
If Yes, What Year? \_\_\_\_\_ What Type (Chapter 7,11, etc.)? \_\_\_\_\_

The information provided is true to the best of my knowledge. I authorize Kennedy Industries, Inc. to verify all information submitted.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

## **TERMS AND CONDITIONS AGREEMENT**

1. Applicant authorizes the listed companies and/or banks to release any information requested of them necessary to establish a line of credit with Kennedy Industries, Inc.
2. It is understood and agreed by Applicant that, if this application is approved by Kennedy Industries, Inc. and credit is extended the following credit terms will apply to the account.

### **CREDIT TERMS**

1. All accounts are payable the month following of purchase.
2. All accounts are on 30-day terms and considered late if paid after the 25<sup>th</sup> of the month following purchase.
3. Applicant agrees to pay a service charge of 1 1/2% per month, which shall be added to any account not paid within agreed terms. In the event of any default, Applicant agrees to pay all cost of collections, including reasonable attorney's fees, if incurred.
4. Resellable merchandise may be returned with a restocking fee of 15% (if brought back by customer) or 25% (if we pick it up). Credits will not be issued for damaged merchandise.
5. Applicant certifies that all the information on this form is correct and that we fully understand your credit terms and agree to proper payment in consideration of extended credit.

---

Applicant

---

Date

---

Signature

---

Title

## Instructions for completing the Personal Guaranty

1. Use your full legal name.
2. Address should be your residential physical address (no P.O. Box numbers allowed).
3. Include the Company's legal name.
4. Type in your title at the company.
5. Make sure guaranty is signed, and the signature is witnessed and notarized.

## INDIVIDUAL PERSONAL GUARANTY

Date: \_\_\_\_\_

I, \_\_\_\_\_, residing at \_\_\_\_\_  
\_\_\_\_\_ for and in consideration of your extending  
credit at my request to \_\_\_\_\_ (herinafter referred to  
(Name of Company)

as the "Company"), of which I am \_\_\_\_\_, hereby  
personally guarantee to you the payment at **Kennedy Industries, Inc.** in the  
**State of Georgia** of any obligation of the Company and I hereby agree to bind  
myself to pay you on demand any sum which may become due to you by the  
Company whenever the company shall fail to pay the same. It is understood that  
this guaranty shall be a continuing and irrevocable guaranty and indemnity for  
such indebtedness of the Company. I do hereby waive notice of default, non-  
payment and notice thereof and consent to any modification including but not  
limited to principle interest and reasonable attorney fees or renewal of the credit  
agreement hereby guaranteed.

Signature: \_\_\_\_\_

Witness: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Notary Public: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_