

# All Seasons Commercial Division, Inc.

400 Ambassador Row  
Longview, TX 75604  
903.753.1321 PH  
903.247.7737 FAX

1293 N. Harvey Mitchell Pkwy  
Bryan, TX 77803  
979.823.6557 PH  
979.823.1005 FAX

## For Office Use Only

Salesperson: \_\_\_\_\_

Line of Credit: \_\_\_\_\_ Terms: \_\_\_\_\_

[ ] CREDIT APPROVED [ ] CREDIT DENIED

## CREDIT APPLICATION

\*Date \_\_\_\_\_

\*\*\*PLEASE ANSWER ALL QUESTIONS. WHEN NO FIGURES ARE INSERTED, WRITE "NONE."\*\*\*

\*FIRM NAME: \_\_\_\_\_

\*PHONE # \_\_\_\_\_ \* FAX # \_\_\_\_\_

\*CELL # \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
\*STREET CITY STATE ZIP

\_\_\_\_\_  
\*MAILING ADDRESS CITY STATE ZIP

Please list all officers below, giving their full name, title, home address, city and state, home phone.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

\*Please check one: Individual Partnership Corporation

If a Corporation, state and date of incorporation: \_\_\_\_\_

If an individual or partnership, list social security number(s) \_\_\_\_\_

E I D # \_\_\_\_\_ State Sales Tax # \_\_\_\_\_

\*How long in business? \_\_\_\_\_ How long at present location \_\_\_\_\_

\*Highest credit amount needed \_\_\_\_\_ Purchase order # required? \_\_\_\_\_

\*Trade References: (List at least **six** with a minimum of one year history.) **PLEASE NOTE: Since some companies do not respond to credit inquiries, the more credit references we receive, the faster we can process your application. It can also sometimes allow us to give a higher line of credit. If you wish to give additional references please list them on a separate page.**

1. Name \_\_\_\_\_ Address: \_\_\_\_\_

Area code, phone #, and Fax # \_\_\_\_\_

2. Name \_\_\_\_\_ Address: \_\_\_\_\_

Area code, phone #, and Fax # \_\_\_\_\_

3. Name \_\_\_\_\_ Address: \_\_\_\_\_

Area code, phone #, and Fax # \_\_\_\_\_

4. Name \_\_\_\_\_ Address: \_\_\_\_\_

Area code, phone #, and Fax # \_\_\_\_\_

5. Name \_\_\_\_\_ Address: \_\_\_\_\_

Area code, phone #, and Fax # \_\_\_\_\_

6. Name \_\_\_\_\_ Address: \_\_\_\_\_

Area code, phone #, and Fax # \_\_\_\_\_

**\*Banking References:**

Bank Name \_\_\_\_\_ Mailing Address: \_\_\_\_\_

Account # \_\_\_\_\_ Contact \_\_\_\_\_

Area Code & Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

**Authorization to verify credit and bank references:**

The undersigned consents to All Seasons obtaining an individual consumer report as well as reports from credit reporting agencies (whether listed or not listed) and the bank listed above for the purpose of evaluating the creditworthiness of the above named business in connection with an application for business credit. The undersigned further consents to the obtaining of credit reports from any and all suppliers now or in the future for the purpose of extending credit or updating credit information.

**\*Signature of authorized company representative:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*Printed name of authorized company representative:** \_\_\_\_\_ **Title:** \_\_\_\_\_

Terms and Conditions

Payments for all purchases are due net 30 days from the date of the invoice. Seller shall have the right and option, but shall not be required; to apply any and all payments made by the Buyer to Seller to the oldest invoice date. Payment shall be made to the Seller at its offices in Gregg County, Texas.

Should the credit of the Buyer in the judgment of the Seller, become impaired at any time, the Seller has the right to require payment in advance before making further shipments, and to demand immediate performance of the Buyer of all obligations imposed upon him by this agreement.

Seller may, at its option, charge 18% per annum on amounts unpaid after 30 days.

Orders are custom made to your specifications. Please check all products and sizes CAREFULLY. Windows and doors cannot be returned, changed, or cancelled after 24 hours from the time the order is placed. After delivery: cracked, broken, or damaged glass is the responsibility of the purchaser. All costs of collection shall be paid by the customer including reasonable attorney fees. Invoices are due and payable in Longview, Gregg County, Texas.

In consideration of the extension of credit by All Seasons to Buyer, and for other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the undersigned does hereby unconditionally guarantee the full and prompt payment of all indebtedness now or hereafter owing to All Seasons by Buyer plus all costs and expenses, including attorney's fees, which may arise in the enforcement of this agreement.

\_\_\_\_\_  
\*Applicant Company Name

By: \_\_\_\_\_  
\*Signature \_\_\_\_\_ \*Printed Name \_\_\_\_\_

**\*\*\*THIS APPLICATION MUST BE SIGNED BEFORE RETURNING FOR CREDIT CONSIDERATION\*\*\***

**\*INDIVIDUAL PERSONAL GUARANTY**

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

I, \_\_\_\_\_, residing at \_\_\_\_\_

for and in consideration of your extending credit at my request to \_\_\_\_\_

Company Name

(Hereinafter referred to as the "Company") of which I am \_\_\_\_\_

Title

hereby personally guarantee to All Seasons the payment; at 400 Ambassador Row, City of Longview in the state of Texas; of any obligation of the "Company." I furthermore hereby agree to bind myself to pay to All Seasons on demand, any sum which may become due to All Seasons 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" and is related to the attached application for business credit. I do hereby waive notice of default, non-payment and notice thereof, and consent to any modification or renewal of the credit agreement hereby guaranteed. I do hereby agree to pay all costs of collection including reasonable attorneys' fees, court costs, and other expenses. I waive any and all exemptions from process and execution under the laws of the United States and any state or territory thereof.

**\*Signature of guarantor:** \_\_\_\_\_

**\*Guarantor's Printed name:** \_\_\_\_\_

**\*Guarantor's Social Security Number:** \_\_\_\_\_

**\* ITEMS MARKED WITH AN ASTERISK IS REQUIRED INFORMATION**

**TEXAS SALES AND USE TAX EXEMPTION CERTIFICATE**

Name of purchaser, firm or agency	
Address (Street & number, P.O. Box or Route number)	Phone (Area code and number)
City, State, ZIP code	

I, the purchaser named above, claim an exemption from payment of sales and use taxes for the purchase of taxable items described below or on the attached order or invoice form:

Seller: \_\_\_\_\_

Street address: \_\_\_\_\_ City, State, ZIP code \_\_\_\_\_

Description of items to be purchased or on the attached order or invoice:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Purchaser claims this exemption for the following reason(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that I will be liable for payment of sales or use taxes which may become due for failure to comply with the provisions of the Tax Code: Limited Sales, Excise, and Use Tax Act; Municipal Sales and Use Tax Act; Sales and Use Taxes for Special Purpose Taxing Authorities; County Sales and Use Tax Act; County Health Services Sales and Use Tax; The Texas Health and Safety Code; Special Provisions Relating to Hospital Districts, Emergency Services Districts, and Emergency Services Districts in counties with a population of 125,000 or less.

I understand that it is a criminal offense to give an exemption certificate to the seller for taxable items that I know, at the time of purchase, will be used in a manner other than that expressed in this certificate and, depending on the amount of tax evaded, the offense may range from a Class C misdemeanor to a felony of the second degree.

Purchaser Sign Here	Title	Date
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**NOTE:** This certificate cannot be issued for the purchase, lease, or rental of a motor vehicle.  
**THIS CERTIFICATE DOES NOT REQUIRE A NUMBER TO BE VALID.**  
Sales and Use Tax "Exemption Numbers" or "Tax Exempt" Numbers do NOT exist.