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| Territory Manager Name: | | Signature: | |
| ACCOUNT/CREDIT APPLICATION | | | |
| Legal Name: | | Trade Name: | |
| Mailing Address: | | | |
| City: | State: | Zip Code: | County: |
| Phone: | Fax: | Cell: | E-Mail: |
| Federal Tax ID: | | | Year Established: |
| Corp: <input type="checkbox"/> Partnership: <input type="checkbox"/> Sole-Proprietorship: <input type="checkbox"/> LLC: <input type="checkbox"/> Financial Statement Enclosed: Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| Principal Name: | | Title: | SS Number |
| Home Address: | | | |
| Principal Name: | | Title: | SS Number |
| Home Address: | | | |
| BANK/TRADE REFERENCES | | | |
| 1. Name: | | | |
| Address: | | | |
| City: | State: | Zip Code: | |
| Phone: | Fax: | | |
| 2. Name: | | | |
| Address: | | | |
| City: | State: | Zip Code: | |
| Phone: | Fax: | | |
| 3. Name: | | | |
| Address: | | | |
| City: | State: | Zip Code: | |
| Phone: | Fax: | | |
| Bank Name: | | Bank Contact: | |
| Address: | | | |
| City: | State: | Zip Code: | |
| Phone: | Fax: | | |
| ALL BLANKS MUST BE COMPLETED AND APPLICATION SIGNED BY A PRINCIPAL. BY EXECUTION OF THIS APPLICATION, YOU AGREE THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE. YOU HEREBY AUTHORIZE YOUR BANK AND TRADE REFERENCES TO RELEASE CREDIT INFORMATION REGARDING YOUR ACCOUNT. THIS INFORMATION WILL BE HELD IN STRICT CONFIDENCE AND IS STRICTLY FOR CREDIT PURPOSES ONLY. IF ANY PAST DUE OBLIGATION IS PLACED WITH A THIRD PARTY FOR COLLECTION, APPLICANT AGREES TO REIMBURSE SEM GROUP AND ITS SUBSIDIARIES FOR ANY COLLECTION EXPENSES. | | | |
| SIGNATURES | | | |
| Signature: | | Witness: | |
| Print Name: | | Print Name: | |
| Date: | | Date: | |

THE UNDERSIGNED APPLICANT UNDERSTANDS THAT THE TERMS OF SALE ON WHICH CREDIT IS GRANTED ARE AS FOLLOWS:

- (1) It is understood and agreed by the customer that any outstanding past due amount is subject to interest at the maximum allowed by law.
- (2) Permission must be obtained when returning goods for credit indicating details of the original purchase.
- (3) I/We hereby authorize SEM Group and its subsidiaries to conduct a credit investigation if they feel necessary on the above company and owners named in this application.
- (4) I/We certify that the information provided on this application is true and correct
- (5) Until paid, title to goods remains with vendor.
- (6) I/We certify that we are duly authorized to apply for credit on behalf of the applicant.
- (7) Should credit granted in this application require collection efforts, attorney's fees will be collected at the rate of 15%.
- (8) Actual terms relative to discounts and dates due are reflected on the invoices as agreed upon at the time of sale.

This agreement shall be deemed to be a Georgia contract and shall be governed by Georgia Law. By entering into this agreement, the parties agree that all disputes between the parties relating to or originating from the sale of goods shall be brought in the Superior Court of Whitfield County, Georgia. All parties expressly consent to jurisdiction and venue in Whitfield County, Georgia. The parties expressly agree that SEM Group and its subsidiaries are entitled to attorney's fees equal to fifteen percent (15%) of the unpaid balance due in any action to collect unpaid accounts provided demand was made by certified mail, email, or fax at least ten (10) days prior to filing of the applicable collection action.

I jointly guarantee payment for all sums due to SEM Group and its subsidiaries by Borrower that arose prior to the execution of this guaranty, or that will arise in the future, including interest, late charges, attorney's fees, or any other extension of credit by SEM Group and its subsidiaries to Borrower. This is a guaranty of payment and not collection. This guaranty shall be binding upon and inure to the benefit of the parties, their successors, assigns and personal representatives. This guaranty will continue until written notice is given from the undersigned and will not affect the liability of the undersigned with respect to sums due to SEM Group and its subsidiaries at the time of the expiration or receipt of such notice of cancellation.

Principal Initial: _____ Date: _____