



APPLICATION FOR CREDIT
 P.O. BOX 4080
 Cleveland, TN 37320-4080
 Phone 423-479-5997 Fax 423-559-8971

ACCOUNT # _____

PLEASE ANSWER ALL QUESTIONS. IF QUESTION IS NOT APPLICABLE, WRITE N/A.

THIS APPLICATION IS FOR A: INDIVIDUAL CORPORATION CO-PARTNERSHIP LIMITED PARTNERSHIP
 PROPRIETORSHIP LLC NON PROFIT ORGANIZATION YRS. IN BUSINESS _____

IF THIS IS A BUSINESS APPLICATION ANSWER THE FOLLOWING WITH YOUR BUSINESS INFORMATION, OTHERWISE USE INDIVIDUAL

NAME _____ DATE OF BIRTH _____ SSN _____
 BILLING ADDRESS _____ TELEPHONE _____
 SHIPPING ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 CELL PHONE _____ FAX _____ E-MAIL _____

BUSINESS OWNERS OR OFFICERS (ENTER N/A FOR INDIVIDUAL APPLICATION)

1. _____
NAME AND TITLE HOME ADDRESS AND PHONE NUMBER
 2. _____
NAME AND TITLE HOME ADDRESS AND PHONE NUMBER
 3. _____
NAME AND TITLE HOME ADDRESS AND PHONE NUMBER

IF A DIVISION OR SUBSIDIARY, NAME OF PARENT COMPANY _____
 ADDRESS _____

WE BANK AT _____ PHONE _____ CONTACT _____
 ADDRESS _____ CITY _____ STATE _____ ZIP _____

EMPLOYMENT INFORMATION FOR INDIVIDUAL APPLICATION (ENTER N/A FOR BUSINESS APPLICATION)

NAME OF EMPLOYER _____ SUPERVISOR _____ PHONE _____
 ADDRESS _____ CITY _____ STATE _____ ZIP _____
 HOW LONG HAVE YOU BEEN EMPLOYED HERE _____

CREDIT REFERENCES: COMPANIES WITH WHOM YOU ARE NOW DOING BUSINESS OR HAVE HAD CREDIT EXPERIENCE WITHIN PAST 5 YEARS. LIST COMPLETE NAMES, ADDRESSES AND PHONE NUMBER BELOW.

HAVE YOU EVER FILED FEDERAL OR STATE BANKRUPTCY? YES _____ NO _____ DATE FILED _____
 IF YES, WHICH CHAPTER? _____ 7 _____ 9 _____ 11, _____ 13. DO YOU REQUIRE A PURCHASE ORDER # YES _____ NO _____
 IS YOUR BUSINESS TAX EXEMPT? YES _____ NO _____. IF YES, ATTACH EXEMPTION FORM.

TERMS, CONDITIONS, AND GENERAL PROVISIONS

Applicants signature attests financial responsibility, ability, and willingness to pay for the material supplied according to our terms which are 10th of the month following the month of purchase. Billing period ends on the 25th of each month. Wholesale Supply Group, Inc. (hereinafter referred to as WSG), reserves the right to charge a service charge for late payment at the rate of 2% per month on the past due balance. WSG also reserves the right to limit or terminate credit if the account is not paid according to these terms and conditions. This application and the information contained herein is a request for the extension of credit. The applicant authorizes WSG to obtain a written or oral credit report from any credit reporting agency. The applicant further authorizes any bank or commercial business with whom the applicant is doing or has done any type of business to give any and all necessary information to WSG which will assist WSG in it's credit investigation. The applicant further authorizes WSG to investigate the applicants credit status from time to time as WSG deems necessary. Any changes in the account status must be communicated to WSG by Certified Mail. The original applicant will remain liable until such time as WSG has received notice of any changes in the account status and has been given a reasonable period of time to respond to such notice. Further, should this account be placed for collection, the applicant agrees to pay all cost of collection including, but not limited to, a reasonable attorney fee and court costs as ordered by the court.

APPLICANT'S SIGNATURE _____ DATE _____
 APPLICANT'S SIGNATURE _____ DATE _____

*I, _____, residing at _____ for and in
(Name) (Complete Address)
 consideration of your extending credit at my request to _____ (hereinafter referred to
(Name of Your Company)
 as the "Company"), of which I am _____, hereby personally guarantee to you the payment at WHOLESAL SUPPLY GROUP,
(Title)
 INC. in any operational State of Wholesale Supply Group, Inc. 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 including collection costs, interest, and reasonable attorney fees. 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 or renewal of the credit agreement hereby guaranteed.

Signature _____ Address _____

Signature:

Email: