



# Credit Application & Agreement

**Note: Please attach a copy of your latest financial statement to this credit Application & Agreement**

## ACCOUNT INFORMATION

Legal Name of Business \_\_\_\_\_

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

Street

City

State

Zip

County

Country

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

Street

City

State

Zip

County

Country

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_ Website/email \_\_\_\_\_

Owner: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Authorized Purchaser #2 \_\_\_\_\_ Phone: \_\_\_\_\_

Business building is: \_\_\_\_\_ Owned or \_\_\_\_\_ rented. # of Employees: \_\_\_\_\_

Purchase order required: \_\_\_\_\_ Yes or \_\_\_\_\_ No

Tax Exempt: \_\_\_\_\_ Yes or \_\_\_\_\_ No If yes, tax exempt # \_\_\_\_\_ (attach copy of tax exempt certificate).

Business structure: \_\_\_\_\_ Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Individual \_\_\_\_\_ State of incorporation \_\_\_\_\_ Fed ID #

Date business started \_\_\_\_\_ Parent Company: \_\_\_\_\_

Address of Parent Company: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Dun & Bradstreet # \_\_\_\_\_

County Occupational License # \_\_\_\_\_ City Occupational License # \_\_\_\_\_

Owners and/or Corporate Officers (Attach additional sheet if necessary)

Name	Residence Address	How Long
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Title	Date of Birth	Driver's License #	SS#	Home Phone #
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Name	Residence Address	How Long
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Title	Date of Birth	Driver's License #	SS#	Home Phone #
Name	Residence Address			How Long
Title	Date of Birth	Driver's License #	SS#	Home Phone #

Please list any prior business/es owned by owners of company, name of business, reason for discontinuing, and when discontinued.

Has applicant or any of it's owners, partners, officers, or directors ever filed a voluntary petition in bankruptcy, has been adjudicated bankrupt, or made an assignment for the benefit of creditors Within the last seven (7) years? \_\_\_\_\_ Yes    \_\_\_\_\_ No

If yes, list details: \_\_\_\_\_

Please remit to: Nida-Core Corporation  
541 NW Interpark PL  
Port St. Lucie, FL 34986  
USA  
Phone: 772-343-7300  
FAX: 772-343-9700  
Email: sales@nida-core.com  
Website: www.nida-core.com

**BANK REFERENCES**

Bank Name: \_\_\_\_\_ Officer: \_\_\_\_\_

Bank Address: \_\_\_\_\_  
Street City

State Zip County Country

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Checking Account # \_\_\_\_\_ How many years \_\_\_\_\_

**AUTHORIZATION TO RELEASE INFORMATION**

The applicant hereby authorizes their bank to release information regarding their account to Nida- Core Corporation. This information will be used solely to establish and maintain an open line of credit with Nida-Core Corporation.

Applicant Signature

Print Applicant Name

Date

## TRADE REFERENCES

1. Company \_\_\_\_\_ Phone \_\_\_\_\_ Fax Number \_\_\_\_\_  
2. Company \_\_\_\_\_ Phone \_\_\_\_\_ Fax Number \_\_\_\_\_  
3. Company \_\_\_\_\_ Phone \_\_\_\_\_ Fax Number \_\_\_\_\_

Should it become necessary to place this account up for collection, suit, or other legal proceedings, including expenses for collection, including reasonable attorney's fee.

The undersigned hereby waived any and all privileges and rights which they may have under Chapter 47, Florida Statutes, related to venue, as it now exists or may hereafter be amended and further the undersigned agrees that any legal action brought for collection of past due accounts, may be brought in the appropriate court in Martin County, Florida.

Applicant agrees to notify Nida-Core Corporation, in writing of any change in the form of ownership of applicant's business within two days of such change.

I hereby certify the foregoing to be true to the best of my knowledge and agree to the above terms.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Print Applicant Name (First, Middle Last)

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Print Witness Name (First, Middle, Last)

\_\_\_\_\_  
Date

Please sell and deliver to: \_\_\_\_\_ of \_\_\_\_\_  
Purchaser (Name of Company) (City, County, State, Country)

Or their representatives, on your usual customary terms of sale, such goods, ware and merchandise as they may order or select, and in consideration thereof the undersigned (hereafter called the Guarantor(s) which shall include Guarantor, if only one, and Guarantors, if more than one) hereby fully guarantee and agree that the Guarantor(s) shall be personally responsible, jointly and severally, for the payment at maturity of the purchase price of such goods, wares, and merchandise so sold or delivered, whether evidence by open account, acceptance, note, or otherwise. The Guarantor(s) hereby waive notice of acceptance hereof, amounts of sales, dates of shipments or deliveries, notice of default payment and legal proceedings against the purchaser.

This is intended to be, and shall be construed to be, a continuing Guaranty applying to all sales made by you to the aforesaid, and shall not be revoked by death of the Guarantor(s) but shall remain in full force until the Guarantor(s) or their Executors or Administrators shall have given notice in writing to make no further advances on the security of this Guaranty, and until such notice shall have been received by you, Guarantor(s) agrees to notify Nida-Core Corporation in writing to make no further advances of the purchaser's business or ownership of purchaser's business within five days of such change, otherwise this continuing guarantee shall extend to the above named company and any successor companies or related entities.

It is understood and agreed that the Guarantor(s) liability under this Guaranty shall be unlimited unless a specific dollar amount is typed in:

\_\_\_\_\_ Dollars \$ \_\_\_\_\_

Should it become necessary to place this Guaranty with an attorney for collection, suit or other legal proceeding, the Guarantor(s) hereby agree, jointly and severally, to pay all costs and expenses of such collections, suit, or other legal action, including a reasonable attorney's fee, and shall also pay costs,

expenses, and attorney's fees incurred on appeal or in administrative proceedings. It is agreed that if the outstanding balance on the account dose not exceed \$5,000.00 the attorney's fee shall be 20% of the outstanding balance. Further, the Guarantor(s) waive any and all privileges and rights which may have under Chapter 47, Florida Statutes, relating to venue, as it now exists or may hereafter be amended, and under any other statue, administrative provision or state thereof in any legal action brought in the appropriate court in Martin county, Florida. Purchaser agrees to pay seller on past due payment a monthly interest charge equal to the maximum interest charge permitted under Florida law.

IN WITNESS WHEREOF, the undersigned hereby executes the personal guaranty this:

\_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Guarantor, Individually

\_\_\_\_\_  
Print first, middle, last name

\_\_\_\_\_  
Print first, middle, last name

APPLICANT AGREES TO THE FOLLOWING:

In consideration of credit to be extended by Nida-Core Corporation, the Applicant affirms that the information submitted above is true and correct and the applicant agrees and acknowledges that:

1. Nida-Core Corporation shall at all times retain the right to deny credit to the Applicant.
2. Nida-Core Corporation shall retain the right to close this account whenever it deems such action to be necessary.
3. The Applicant has read the Credit Sales Agreement in its entirety and will adhere to be bound by all provisions and conditions of Credit Sales Agreement.
4. Nida-Core Corporation is authorized to investigate the credit of the Applicant and of each of the persons signing below as Guarantor(s).
5. The investigation of credit may include obtaining information as to the Applicant's and each of the Guarantor(s) credit capacity, general credit reputation, character, whichever may be applicable.
6. Nida-Core Corporation is authorized to report to proper persons and bureaus the Applicant's performance under this Agreement.
7. Applicant shall pay all costs and expenses incurred by Nida-Core Corporation in the collection of indebtedness arising pursuant to the Agreement, including all attorneys' fees incurred.
8. The Applicant shall be responsible for, all products sold by Nida-Core Corporation to the Applicant, upon receipt of each invoice according to the terms on the invoice, there being no extensions.
9. Any of the Applicant's employees are authorized to charge on this account.

BY MY SIGNATURE BELOW, I PERSONALLY AND INDIVIDUALLY GUARANTEE PAYMENT ON THIS ACCOUNT PROMTLY.

\_\_\_\_\_  
Signed (as Corporate Officer and personally) SS# \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Signed (as Corporate Officer and personally) SS# \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Signed (Store Manager) SS# \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Signed (Witnessed by) SS# \_\_\_\_\_ Date \_\_\_\_\_