

Mail completed Credit Application to:

Lisa Penrod

GEORGE L. WILSON & CO. OF WV

Email: l.penrod@GeorgeLWilson.com

fax to: 412-321-6177



CREDIT APPLICATION AND AGREEMENT

CREDIT APPLICATION: ALL INFORMATION MUST BE PROVIDED (TYPED OR PRINTED)

Your Company's Legal Name: _____.

Legal composition: ___ Corporation ___ Sole proprietorship ___ Partnership ___ LLC

Name of owner(s): _____

Officers if a corporation: President: _____ VP: _____

Treasurer: _____ Secretary: _____

Complete business address: _____

Telephone No. (____) _____ Fax No. (____) _____

E-mail: _____

County: _____ Tax ID No. _____

Check One: ___ Taxable ___ Non-taxable (If non-taxable, Tax exempt certificate must be attached)

BANKING INFORMATION:

Name of Bank: _____ Account no.: _____

Telephone no. (____) _____ Contact: _____

TRADE REFERENCES (Please include company name, telephone number and fax number)

1) _____ Phone (____) _____ Fax (____) _____

2) _____ Phone (____) _____ Fax (____) _____

3) _____ Phone (____) _____ Fax (____) _____

4) _____ Phone (____) _____ Fax (____) _____

Purchase Order required: YES ___ NO ___ (Check One)

Special instructions requested: _____

NOTE: *THE FOLLOWING AGREEMENT MUST BE SIGNED & RETURNED TO THE GEORGE L. WILSON & CO. of WV. WHEN THE CREDIT APPLICATION IS ACCEPTED, THIS AGREEMENT WILL BE SIGNED BY GEORGE L. WILSON & CO., INC. AND A COPY WILL BE RETURNED TO YOU.*

CREDIT AGREEMENT: _____ (hereinafter "Customer")
[Insert your company Name]

and George L. Wilson & Co of WV, Inc. (hereinafter "Wilson"), in consideration of the mutual covenants contained herein and intending to be legally bound hereby, agree as follows:

CREDIT INFORMATION: All information on the foregoing Credit Application is furnished on a confidential basis in support of Customer's request to make commercial purchases on credit. Customer certifies that the information furnished is true and correct and acknowledges that any information omitted or misstated may cause its request for credit to be denied by Wilson. Customer authorizes Wilson to investigate the References and Bank listed as well as other credit sources pertaining to Customer's credit history and financial condition.

RETURN POLICY: No material is returnable by Customer to Wilson without prior authorization. If return authorization is granted, Customer agrees to a 20% restocking charge.

CREDIT TERMS: Credit Terms - Net 30." Full payment is due within 30 days of invoice date. Customer shall have a credit limit of \$ _____, and agrees not exceed said limit or the unpaid balance shall immediately become due and payable. Customer agrees to pay a service charge of 1½ percent per month (18% per year) on all balances that are not paid within 30 days of invoice date. Furthermore, Customer agrees to pay any and all collection expenses, including attorneys' fees, that may become necessary to effect collection of the account should Customer become delinquent.

Customer's Legal Name: _____

Dated: _____
_____ *Customer's Authorized Signature and Title*

Dated: _____
_____ *Wilson's Authorized Signature*

PERSONAL GUARANTY: I, the undersigned, for and in consideration of Wilson extending credit to Customer as set forth above, and intending to be legally bound hereby, personally guarantee the prompt payment of all obligations of Customer to Wilson, whether now existing or hereinafter incurred, and agree to pay on demand any sum which is due to Wilson by the Customer including accrued services charges and collection expenses including attorneys' fees. I understand that this guaranty is absolute, continuing, and irrevocable, except as to purchases made by Customer after Wilson has received my written notice of withdrawal of this guaranty. I expressly waive presentment, demand, protest, notice of protest, dishonor, notice of default or nonpayment. I further waive any right to require Wilson to proceed first against the Customer for payment of any delinquency.

Dated: _____
_____ *[Guarantor's Signature]*

Print Guarantor's Name: _____