



COMMERCIAL CREDIT APPLICATION & OPEN ACCOUNT AGREEMENT

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

Credit Limit Requested \$ \_\_\_\_\_

APPLICANT			
Full Legal Name		DBA (if different)	
Business Street Address		City	State Zip Code
Billing Address		City	State Zip Code
Business Phone No.	Business Fax No.	Mobile No.	
Website		Email Address	
Type of Business: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Co. <input type="checkbox"/> Sole Proprietor			
<input type="checkbox"/> Other (specify) _____ <b>*attach current W-9 form</b>			
Tax Exempt? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, tax exempt no. _____ <b>*attach Utah form TC-721</b>			
Purchase Order Required? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Federal Tax ID# or Social Security No.			Years in Business

**OWNERSHIP INFORMATION**

Please complete the below information for all officers, partners, members and owners. Please attach a separate sheet of paper if more space is required

Name	Title	Ownership %	Home Address	Home Phone No.

Has the company or any officer, partner, member, or owner ever filed for bankruptcy? (if yes, attach detail)

Yes  No

Has your company or any company that any officer, partner, member or owner has been associated with as an officer, partner, member or owner ever had credit with us or our affiliates before?

Yes  No

**BANK REFERENCES**

Bank #1			
Bank Name	Contact	Phone No.	Email or Fax No.
Account No.	Account Type	Bank Address	

**BANK REFERENCES**

Bank #2			
Bank Name	Contact	Phone No.	Email or Fax No.
Account No.	Account Type	Bank Address	

**TRADE REFERENCES**

Please list at least three significant business relationships. Please attach a separate sheet of paper if more space is required

Vendor Name	Fax No.	Email Address	Phone No.

**MORTGAGE HOLDER/LANDLORD INFORMATION**

Name	Contact		
Address	Phone No.	Email or Fax	
Do you rent or own premises that the business occupies?			Years at location

**ATTESTATION**

By signing below, I certify that I have authority to bind the company to this agreement, and that I agree to Creditor's terms of sale. I also agree and accept that the credit limit and credit terms may be changed or withdrawn at any time at the sole discretion of the Creditor. Creditor shall include Creditor's subsidiaries, related companies, and assigns.

The information given herein is offered as part of a request by the Applicant for an extension of credit for commercial business purposes. The information provided is represented by the Applicant to be true, accurate and complete. The Applicant authorizes Creditor to investigate all credit references and other sources pertaining to our credit and financial responsibility. The undersigned authorizes its banks and trade references to provide Creditor with complete information for the purpose of credit evaluation. The Applicant understands that all invoices are due in full within 30 days of the invoice date and that past due balances will be subject to a **1.5%** per month finance charge. The Applicant further agrees to pay a **\$25** collection charge in the event of default, if the account is placed with a collection agency or attorney.

Company Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**PERSONAL GUARANTEE**

In consideration of any credit extended, the undersigned will personally guarantee full and prompt payment of all indebtedness (including all costs of collection, attorneys' fees, court costs, etc.) of \_\_\_\_\_ (applicant company name) owed to CTOU Inc. This personal guarantee shall remain in force until its revocation is received by certified mail to 5209 W 700 S, Salt Lake City, UT 84104 to the attention of "CTOU Inc". Revocation shall not affect indebtedness incurred prior to receipt of written notice. [Kentucky residents-If Guarantor is a resident of the Commonwealth of Kentucky, this guaranty shall be limited to amounts not exceeding \$1,000,000 for a duration of not more than 10 years from the date it is signed.]

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

Print Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_