

# DREAMLINE MFG., INC.

P. O. Box 1250  
Cabot, AR 72023

## NEW ACCOUNT INFORMATION / CREDIT APPLICATION

BUSINESS NAME \_\_\_\_\_ RECEIVING HRS & DAYS \_\_\_\_\_  
(example: 9-5, Tues-Fri, closed Monday, etc.)

BILLING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

DELIVERY ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE# \_\_\_\_\_ FAX# \_\_\_\_\_ E-MAIL \_\_\_\_\_

TERMS \_\_\_\_\_ AMOUNT OF CREDIT REQUESTED \$ \_\_\_\_\_ YEARS IN BUSINESS \_\_\_\_\_  
(if no terms are requested, account will be set up COD pay driver) \*\*Please attach a current Financial Statement if terms other than COD are desired

TYPE (CHECK ONE)

Proprietorship

Partnership

Corporation

### NAMES OF OWNERS-PARTNERS-OFFICERS

FULL LEGAL NAME OF OWNERS	POSITION	HOME ADDRESS	S.S. NUMBER	TELEPHONE#

### BANK REFERENCES

NAME	ADDRESS, CITY, STATE, ZIP	BANK OFFICER	ACCOUNT NUMBER

### TRADE REFERENCES

NAME	ADDRESS, CITY, STATE, ZIP	TELEPHONE#

In making this application, I/We understand that all accounts are payable on or before the net due date as shown on each invoice. I acknowledge and agree that if not paid on or before said date, the account is then delinquent and subject to a late charge equal to the maximum legal interest rate which will be charged each month.

In the event of default and referral to an attorney or collection agency, I/We agree to pay all costs of collection including reasonable attorney fees.

If credit is granted, I/We agree to the above terms and the undersigned is/are responsible for payment of this account. In consideration of your extending credit to the above firm at my/our request, I/We hereby personally guarantee the payment of all of their obligations to you until withdrawn by certified mail.

I/We consent to the extension of time of payment of the indebtedness or any portion thereof. And I/We do further agree that if this matter is placed in the hands of an attorney for collection, or if collection is made through probate hearings, to pay a reasonable amount in attorney's fees on both the principal and delinquent charge.

I understand that the above information is given for the purpose of obtaining credit and I certify that, to the best of my knowledge, the above information is complete and accurate as of the date of this application.

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_