



**ASHMORE BROS., INC.
CREDIT APPLICATION**

PLEASE RETURN TO ANDI CZEPIGA
PHONE: 864-879-7311
FAX: 864-879-7315

CUSTOMER NAME: _____

MAILING ADDRESS: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

COUNTY: _____

BUSINESS ENTITY OR OWNERSHIP: INDIVIDUAL PARTNERSHIP
 CORP. OR LLC OTHER

OWNERS / PARTNERS NAMES: _____

CONTACT PERSON: _____

PHONE: _____ FAX: _____

FEDERAL ID NO: _____ (OR) SSN: _____

EMAIL: _____

TYPE OF CUSTOMER BUSINESS: _____ HOW LONG: _____

SALES TAX EXEMPT? _____ IF SO, PLEASE ATTACH COPY OF CERTIFICATE.

HAVE YOU PREVIOUSLY PURCHASED PRODUCTS FROM ASHMORE BROS., INC.? YES ___ NO ___

IF YES, UNDER WHAT NAME? _____ WHEN: _____

WHAT CREDIT AMOUNTS DO YOU REQUIRE? \$ _____

ARE PURCHASE ORDER NUMBERS REQUIRED? YES ___ NO ___

NAME AND PHYSICAL ADDRESS OF JOBSITE REQUESTING CREDIT FOR:

NAME OF JOB OWNER:

Ashmore Bros., Inc.
P O Box 529
Greer, SC 29652
864-879-7311
864-879-7315 Fax

CUSTOMER NAME _____

CREDIT REFERENCES

BANK NAME: _____
ADDRESS: _____
CONTACT NAME: _____
PHONE NUMBER: _____

CREDIT REFERENCES

1. **NAME:** _____
ACCT #: _____
PHONE & FAX NUMBER: _____
2. **NAME:** _____
ACCT #: _____
PHONE & FAX NUMBER: _____
3. **NAME:** _____
ACCT #: _____
PHONE & FAX NUMBER: _____

CONDITIONS:

1. **PAYMENT WILL BE DUE UPON RECEIPT OF INVOICE.**
2. **ANY UNPAID INVOICES WILL BE CHARGED 1.5% INTEREST MONTHLY.**
3. **ANY RETURNED CHECKS WILL BE CHARGED A \$25.00 (\$30.00 IF OVER \$100.00) SERVICE CHARGE.**
4. **ANY COLLECTION COSTS AND COSTS OF LIGATION PLUS REASONABLE ATTORNEY'S FEES WILL BE PAID BY CUSTOMER.**

MY SIGNATURE BELOW INDICATES THAT ALL INFORMATION CONTAINED HEREIN IS ACCURATE AND TRUTHFUL TO THE BEST OF MY KNOWLEDGE AND THAT ASHMORE BROS., INC. IS AUTHORIZED TO INQUIRE OF MY BANKS AND VENDORS AS TO MY CREDIT WORTHINESS.

SIGNATURE OF OFFICER, PARTNER OR OWNER

DATE

PRINT NAME

Ashmore Bros., Inc.
P O Box 529
Greer, SC 29652
864-879-7311
864-879-7315 Fax

**PERSONAL GUARANTY OF
PAYMENT AND PERFORMANCE**

I hereby request that you sell goods and extend credit to _____, whose principal place of business is in _____, hereinafter called the “**Company.**” I absolutely and unconditionally, as primary obligor, guarantee full and prompt payment when due, whether due by acceleration, maturity, or otherwise, of all such advances, credit, indebtedness, liabilities, and obligations of any kind, nature and description whatsoever, owed to you by the Company (the “**Obligations**”), whether now or hereafter arising, including all renewals, extensions, or modifications thereof. You do not have to first proceed against the Company to enforce payment by me. In addition, I agree to pay all costs and expenses of collection of the Obligations, including reasonable attorney fees.

This Guaranty is made and shall continue as to the Obligations without regard to collateral, security, or other obligors, if any, or to the validity, effectiveness, regularity or enforceability of any of the obligations guaranteed hereby. I may not revoke this Guaranty without your express written consent. If such consent is granted, I remain a guarantor for the obligations arising prior to the date of your written consent. I consent and agree that you may without notice and without affecting or impairing the obligation created hereby, perform and such acts, on such terms and conditions as may be acceptable to you, to collect under this Guaranty.

It is agreed that the liability of each of the undersigned is several and independent of any other guaranties at any time in effect with respect to the Company’s indebtedness to you.

This Guaranty shall be binding upon the estates, heirs, personal representatives, beneficiaries, successors and assigns of each of the undersigned, and shall inure to the benefit of **Ashmore Bros., Inc.**, its successors and assigns.

In all cases where more than one party executes this Guaranty, all words herein used in the singular shall be deemed to have been used in the plural where the context and construction so require, the obligations and agreements of the undersigned hereunder are joint and several.

This instrument is intended to take effect as a seled instrument and its validity and construction shall be governed by the laws of the State of South Carolina.

IN WITNESS WHEREOF, I have executed this Personal Guaranty of Payment and Performance this ____ day of _____, _____.

GUARANTOR’S SIGNATURE

GUARANTOR’S SOCIAL SECURITY #

WITNESS’ SIGNATURE

WITNESS’ SIGNATURE

GUARNATOR’S SIGNATURE

GUARANTOR’S SOCIAL SECURITY #

WITNESS’ SIGNATURE

WITNESS’ SIGNATURE

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PO Box 529
GREER, SC 29652
864 879-7311(PH) 864 879-7311 (FAX)

Due to the privacy act, it is necessary for you to furnish to us an authorized signature of our mutual customer agreeing to the release of the information requested.

I/We hereby authorize you to release to Ashmore Bros., Inc., and any of its affiliated lenders, any and all information that they may require for the purpose of a requested credit transaction.

Thank you,

Signature

Print name

Company Name

Date

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