

# SMITH DISTRIBUTING COMPANY

4110 NW 10TH | OKLAHOMA CITY, OK 73107

(405) 947-6484 | FAX (405) 946-1251 | TOLL FREE 800-289-9582

## Credit Application

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

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

Phone Number: \_\_\_\_\_

Banking Reference: \_\_\_\_\_

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

Bank Officer and Phone Number: \_\_\_\_\_

Sales Tax Number: \_\_\_\_\_ ( must send copy)

### Credit References:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Agreement:

We hereby jointly and severally agree to guarantee payments for all accounts due to Smith Distributing Company from above named corporation, proprietorship, or partnership within 30 days from the date notice is given that payments are due. In the event that a payment is not made and this account is turned over to an attorney, we also agree to pay reasonable attorney fees charged for the collection.

Personal Guarantor: \_\_\_\_\_

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

Title: \_\_\_\_\_ SSN: \_\_\_\_\_

Business Type:  Proprietorship  Partnership  Corporation

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The company or person listed below has applied for credit with Smith Distributing Company. Their signature is evidence of authorization for release of financial information from a credit reporting agency or other company, bank or financial office.

Name:

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Address:

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Phone Number:

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Fax Number:

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Authorized Signature:

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