

Corporate Billing LLC  
 PO Box 2257  
 Decatur, AL 35609  
 Toll Free 1-877-584-3600  
 Direct (256) 584-3600  
 Fax (256) 584-3685  
 Email credit@corpbill.com



Sale Pending \$ \_\_\_\_\_  
 Uni-Maxx Location **BOSS** \_\_\_\_\_  
 Uni-Maxx Location Acct. # \_\_\_\_\_  
 Uni-Maxx Rep. Name \_\_\_\_\_  
 Uni-Maxx Rep. Phone \_\_\_\_\_  
 Uni-Maxx Rep. Email \_\_\_\_\_  
 \*Uni-Maxx Location Use Only\*

## Credit Application

Trade Name \_\_\_\_\_ Phone #1 ( ) \_\_\_\_\_ Fax # ( ) \_\_\_\_\_  
 Legal Name \_\_\_\_\_ Phone #2 ( ) \_\_\_\_\_ Cel # ( ) \_\_\_\_\_  
 Billing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Physical Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 A/P Email Address \_\_\_\_\_ Website \_\_\_\_\_ County \_\_\_\_\_  
 Business Type:  Corporation  LLC  Partnership  Sole Owner

Principal Name, Home Address, Home Phone Number, Social Security Number, and % of Ownership:

\_\_\_\_\_

\_\_\_\_\_

Name of Parent/Holding Co/Subsidiaries/Affiliates/Franchises: \_\_\_\_\_

Do you have an existing account with Corporate Billing? (if yes, provide account number): \_\_\_\_\_

**Have the Company or any Owners Filed Bankruptcy in Last 7 Years?**  Yes  No

PO Required:  Yes  No Number of Employees \_\_\_\_\_ Premises:  Owned  Leased

Date Business Started \_\_\_\_\_ Date Business Purchased From Previous Owner \_\_\_\_\_

Name of Person to Contact With Any Questions: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

If Tax Exempt, List Sales Tax # \_\_\_\_\_ Federal ID# \_\_\_\_\_

Bank Reference Name	Bank Officer	Account #	Phone
_____	_____	_____	( ) _____
_____	_____	_____	( ) _____

Trade Reference Name	Contact Person	Account #	Phone
_____	_____	_____	( ) _____
_____	_____	_____	( ) _____

Expected Monthly Credit Requirements from Corporate Billing \$ \_\_\_\_\_

**Agreement:** In consideration of the merchandise and services provided, the undersigned agrees to pay for all charges upon receipt of an invoice which has been assigned to Corporate Billing, LLC which such invoice, when rendered, is incorporated herein by reference. In the event an unpaid account is placed for collection, the undersigned agrees to pay a reasonable attorney's fee, costs of court and any other reasonable cost of collection. This application and the information contained herein is a request for the extension of credit for commercial business use only and the applicant certifies that the firm he/she represents is doing business as a sole-proprietorship, partnership, or a corporation. The applicant authorizes Corporate Billing, LLC or Wingfoot Commercial Tire Systems, LLC to obtain oral or written credit reports from any credit reporting agency, bank or commercial supplier with whom it is doing business or has done any type of business to give any and all necessary information to Corporate Billing, LLC, or Wingfoot Commercial Tire Systems, LLC, which will assist them in the credit investigation. The applicant further authorizes the reinvestigation of credit from time to time as it is deemed necessary. To extend credit a Financial Statement may be requested. The applicant understands that Corporate Billing, LLC may refuse to purchase charges at any time without notice to the applicant.

By: \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

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

### Personal Guaranty

The undersigned personal guarantor, recognizing that his or her individual credit history may be a necessary factor in the evaluation of this personal guarantee, hereby consents to and authorizes the use of a consumer credit report on the undersigned, by Corporate Billing, LLC, from time to time as may be needed, in the credit evaluation process. The undersigned individually, jointly and severally and unconditionally guarantee the payment when due of all invoices/accounts purchased by Corporate Billing, Inc. from any Client.

By: \_\_\_\_\_ Social Security Number \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Home Address \_\_\_\_\_ Phone# \_\_\_\_\_

USA Non Recourse



Revised 2.10.12