

Flick Distributing LLC.

P.O. Box 11202
New Orleans, LA 70181-1202
Confidential Credit Application

Business Information

Legal Business Name		
Trade Name	Phone	Fax:
Billing Address:		
City:	State:	ZIP:
Shipping Address (If Different)		
City:	State:	ZIP:
Is Business: () Proprietorship () Partnership () Corporation () Other		How Long Operated Under This Name ?
County / Parish of Company Domicile:		Federal I.D. #:
Date & State Of Incorporation:		Are Purchase Orders Required ?
Please Enclose Current Financial Statement With Application.		

Principle Information

Principle Name:		Title:	SSN:
Home Address:			How Long?
City:	State:	ZIP:	
Phone:	Fax:	E-Mail:	
Principle Name:		Title:	SSN:
Home Address:			How Long?
City:	State:	ZIP:	
Phone:	Fax:	E-Mail:	
Principle Name:		Title:	SSN:
Home Address:			How Long?
City:	State:	ZIP:	
Phone:	Fax:	E-Mail:	

General Information

Type Of Business:		
License Numbers (Primary):		
State:	City:	Parish:
Do We Charge You Sales Tax? () Yes () No		
If Yes, Indicate: _____% State, _____% Parish, _____% City _____% School Board, _____% Other		
If No, Attach Exemption Certificate.		
Credit Line Requested: \$		Approximate Monthly Purchases: \$
Have tax liens or civil suits been filed against this company or any of it's officers, directors, or owners within the last five years? () Yes () No		
Has this company or any of it's officers, directors or owners ever declared bankruptcy, or made an assignment for the benefits of creditors? () Yes () No		

The applicant authorizes the above named creditor to obtain any written or oral credit report(s) from any credit reporting agency, bank, or commercial business whom the applicant is doing, or has done business with.

Flick Distributing LLC offers credit terms as shown on your invoices. All past due invoices will be billed a service charge at the highest prevailing legal rate as allowed by law. I (We) understand and agree that terms and/or service charges may be modified without notice, and without the necessity of a subsequently signed written document.

I (We) the undersigned, hereby understand and agree that should it become necessary to place the account for collection, I (We) agree to pay the entire amount due, including service charges, all collection costs, court costs, and reasonable attorneys fees. I (We) also certify that the information on this credit application is true and correct, and is furnished for the purpose of obtaining commercial credit.

Continuing Guaranty Agreement

All purchases are payable to FLICK DISTRIBUTING LLC herein referred to as FDC. In consideration of FDC extending credit to the above captioned company, the undersigned, jointly and severally, hereby unconditionally guarantee FDC payment of all current indebtedness of said company, and whatever amount said company shall at any future time owe to FDC on account, of materials and equipment hereafter furnished or sold, whatever said indebtedness is in the form of open account, note, or other commercial paper. This shall be an open and continuing guaranty, and shall continue in force, until expressly revoked by written notice from the undersigned, received by FDC at FDC's address via registered mail. Such revocation shall not in any manner affect the liability of the undersigned as to the current indebtedness or as to any indebtedness contracted prior to FDC's receipt of the above mentioned revocation. The time of payment of any indebtedness hereby guaranteed may be extended, and the form of indebtedness changed without notice to the undersigned, and without releasing the liability of the undersigned. It is the intent of the undersigned to be primarily and not secondarily liable for the indebtedness hereby assumed and guaranteed. Notice of indebtedness and default in payment are hereby expressly waived. It shall not be necessary for FDC to procure judgement against the above captioned company before applying to the undersigned for any sum, the payment of which is hereby guaranteed.

Dated this _____ day of _____, 20 ____

Witness _____ Guarantor _____

Witness _____ Guarantor _____

Witness _____ Guarantor _____

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Please complete all trade references. If you do not currently hold open trade accounts, list any personal installment loans, credit cards, etc. Be sure to include account numbers and telephone numbers.			
Trade References		Distributor Use Only	
Supplier:	Phone:	Date:	Opened:
Street Address:		High:	Current Bal:
City:	State: ZIP	Terms:	Rating:
Amount Presently Owed:		Remarks:	Secured?:
Supplier:	Phone:	Date:	Opened:
Street Address:		High:	Current Bal:
City:	State: ZIP	Terms:	Rating:
Amount Presently Owed:		Remarks:	Secured?:
Supplier:	Phone:	Date:	Opened:
Street Address:		High:	Current Bal:
City:	State: ZIP	Terms:	Rating:
Amount Presently Owed:		Remarks:	Secured?:
Supplier:	Phone:	Date:	Opened:
Street Address:		High:	Current Bal:
City:	State: ZIP	Terms:	Rating:
Amount Presently Owed:		Remarks:	Secured?:
Supplier:	Phone:	Date:	Opened:
Street Address:		High:	Current Bal:
City:	State: ZIP	Terms:	Rating:
Amount Presently Owed:		Remarks:	Secured?:
Bank References – () Business () Personal (Check One)			
Checking Account Name:		Account No.:	Banking Contact Name:
Bank Name & Branch:			Phone:
Street Address:		City:	State: ZIP:
Commercial Loan In Name Of:		Account No.:	Banking Contact Name:
Bank Name & Branch:			Phone:
Street Address:		City:	State: ZIP:
Distributor's Use Only			
Sales Approval		Account Classification	
Sales Manager:	Date:	Mail Code:	Customer Type:
Parts Manager:	Date:		<input type="checkbox"/> New Orleans <input type="checkbox"/> Baton Rouge <input type="checkbox"/> Lafayette <input type="checkbox"/> Lake Charles <input type="checkbox"/> Alexandria <input type="checkbox"/> Shreveport <input type="checkbox"/> Monroe <input type="checkbox"/> Gulfport <input type="checkbox"/> Hattiesburg <input type="checkbox"/> Jackson <input type="checkbox"/> Meridian <input type="checkbox"/> Memphis <input type="checkbox"/> Little Rock <input type="checkbox"/> Hot Springs <input type="checkbox"/> Mobile
Credit Approval		Check List	
Salesman Assigned:	Number:		
Credit Limit Assigned:			
Account Number Assigned:			
Credit Manager:	Date:		
President:	Date:		
Remarks:			