



Threads, Papers, Chemicals and Supplies

### Credit Application and Personal Guaranty

Firm Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Fax \_\_\_\_\_

Shipping Address \_\_\_\_\_

Legal Entity: Corporation \_\_\_\_\_ LLC \_\_\_\_\_ Partnership \_\_\_\_\_ Individual Prop. \_\_\_\_\_ # Years in business \_\_\_\_\_

FEDERAL TAX ID#: \_\_\_\_\_

Website: \_\_\_\_\_

#### PROPRIETORS, PARTNERS, or OFFICERS – (All must be included, use additional sheets if necessary)

Name \_\_\_\_\_ Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ D.O.B. \_\_\_\_\_

Phone \_\_\_\_\_ SS# \_\_\_\_\_ DL# (state) \_\_\_\_\_

Name \_\_\_\_\_ Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ D.O.B. \_\_\_\_\_

Phone \_\_\_\_\_ SS# \_\_\_\_\_ DL# (state) \_\_\_\_\_

#### PERSONAL GUARANTY:

The information and statements in this application are true and complete, and they are made for the purpose of inducing Komar Alliance, LLC to establish an open account line of credit. Komar Alliance, LLC is hereby authorized to obtain any information considered necessary, from any source, concerning the statements in this application. In consideration of, and in order to induce Komar Alliance, LLC to establish an open account line of credit based on the foregoing application, the undersigned individually promises to pay and guarantees payment for all purchases in accordance with your terms of sale. If at any time, for any reason, the purchaser is unable to pay for said purchases when due, the undersigned agrees to pay and authorizes you to bill my/our account, interest computed at the legal rate of 1.5 % per month on any past due amount owing on my/our account. In the event it becomes necessary for Komar Alliance, LLC to incur collection costs or to institute suit to collect any amount due under this agreement, or any portion thereof, the undersigned personally guarantees the payment of all indebtedness to Komar Alliance, LLC including such additional collection costs, charges and expenses including reasonable attorney’s fees if the account is placed in the hands of an attorney or collection agency for collection. The undersigned agrees to submit to the jurisdiction and venue of the East Los Angeles Municipal Court in the event a civil action is commenced to collect a sum less than \$20,000 and Los Angeles Superior Court in the event a civil action is commenced to collect a sum equal to or in excess of \$20,000.

Guarantor’s Signature \_\_\_\_\_ Date \_\_\_\_\_

Guarantor’s Signature \_\_\_\_\_ Date \_\_\_\_\_

**Purchasing Contact**

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

Email: \_\_\_\_\_

Telephone & Extension: \_\_\_\_\_

Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

**FINANCIAL INFORMATION**

Mortgage on Machinery or Equipment: \$ \_\_\_\_\_ Held by \_\_\_\_\_

Real Estate Owned: Address \_\_\_\_\_ Mortgage \$ \_\_\_\_\_

Motor Vehicles Owned: Make \_\_\_\_\_ Year \_\_\_\_\_ License # \_\_\_\_\_

Landlord of Business Address: Name \_\_\_\_\_ Phone \_\_\_\_\_

Do you pledge or borrow on your Account Receivables? \_\_\_\_\_ From Whom: \_\_\_\_\_

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**BANKING INFORMATION RELEASE**

To (Name of Bank): \_\_\_\_\_

Phone: \_\_\_\_\_ Account Manager: \_\_\_\_\_

Company Name: \_\_\_\_\_ Account #: \_\_\_\_\_

You are hereby authorized to release information regarding our account(s) to Komar Alliance LLC to help us establish an open line of Credit.

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

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**TRADE REFERENCES**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Fax \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Fax \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Fax \_\_\_\_\_

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For Office Use Only

Salesperson \_\_\_\_\_ C/L \_\_\_\_\_ Date \_\_\_\_\_ Auth. \_\_\_\_\_