



Frank Silva & Sons, LLC

P.O. Box 998

Harvey, LA 70059

Phone: 504-328-2830 Fax: 504-328-2868

CONFIDENTIAL CREDIT APPLICATION

Trade and/ or Corporate Name _____

Operating Address _____

Primary Email Address _____ Secondary Email Address _____

Length of time at current location _____ Phone # () _____

Is operating location owned or leased _____ Fax # () _____

Have you ever had credit from Frank Silva & Sons, Inc. (FS & S) before? _____

If so, under where (company name and address) _____

MORTGAGOR

LESSOR

Name

Name

Address

Address

Phone #

Phone #

Is Business a: Corporation _____, Limited Partnership _____, or Proprietorship _____

If incorporated: a) List state in which incorporated _____

b) List corporate address _____

If tax exempt, list sales tax exemption number(s): State _____ City _____

Federal TAX ID# _____

BANKING

Bank Name

Branch Address

Account # Officer/ Account Representative

Trade References: List three local businesses with which you do business on a credit basis.

Name	Address	Phone #
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____

Complete the following for all Corporate Officers, Partners or an Individual Partnership.

_____			_____		
Name			Name		
_____			_____		
Home Address			Home Address		
_____			_____		
City/ State/ Zip			City/ State/ Zip		
_____			_____		
Phone #	SS#	Date of Birth	Phone #	SS#	Date of Birth
_____	_____	_____	_____	_____	_____
Spouse Name		SS#	Spouse Name		SS#
_____		_____	_____		_____

TERMS

I (We) are hereby requesting a _____ account with Frank Silva & Sons. By _____ terms, I (We) understand that all purchases made are to be PAID within _____ days of receipt of product.

APPLICANT'S SIGNATURE ATTEST FINANCIAL RESPONSIBILITY, ABILITY AND WILLINGNESS TO PAY OUR INVOICES IN ACCORDANCE WITH THE ABOVE AGREED TERMS. FS&S reserves the right to turn collection of any past due account over to an attorney. Should it be necessary to place this account for collection, I/We agree that if partial or no payments are made within the terms specified, FS&S has the right to assess and I/We agree to pay a 'FINANCE CHARGE' computed by applying a periodic monthly rate of 1.5% to the monthly balance. This is an Annual Percentage Rate of 18%. I/We also give permission to investigate my/ our Corporate and/ or personal credit history. I/We have read the above information and agree to its terms and conditions. (This is to be signed by (all) owner(s), partners or other duly authorized agent of the firm.

Signature	Title	SS#
_____	_____	_____
Signature	Title	SS#
_____	_____	_____
Signature	Title	SS#
_____	_____	_____

CONTINUING GUARANTY

In consideration of credit which Frank Silva & Sons, Inc. has extended or may hereafter extend to _____, I/We hereby personally guarantee the payment by the said debtor to Frank Silva & Sons, Inc. at 1108 MacArthur Ave. Harvey, Louisiana 70058, of any and all obligations of the said debtor to FS & S. I/We do hereby agree and bind ourselves to pay to FS & S on demand any such obligation. It is understood and agreed that this guaranty shall be continuing and irrevocable, and I/We do hereby waive notice thereof and consent to any renewal of the obligations hereby guaranteed.

GUARANTOR:

WITNESS:

Signature(s)
