



Five Locations:
 Oklahoma City, OK
 Tulsa, OK
 Rogers, AR
 Ft. Smith, AR
 Denton, TX

Phone:
 405.236.0076
 918.664.7533
 479.631.1557
 479.668.2111
 940.294.7007

A&D Sales Agent: _____

Please return completed credit application to ar@adsupplyco.com or fax to 405.594.6360

CREDIT APPLICATION

Legal Name of Company:

Billing Address:	Shipping Address:

Telephone #:	Fax #:

Email:	Business Start Date:

Does company require Purchase Order?	Yes	No	FEIN#:

Are any purchases tax exempt?	Yes	No	Please send sales tax permit with application

Type of Ownership: LLC Corporation Partnership Proprietorship

If Partnership/Proprietorship, list principals' names (include SSN#):

<i>Owner (s):</i>	<i>Social Security Number(s):</i>	<i>Phone:</i>

If LLC, Please provide a copy from the Secretary of State of your Organization Papers

<i>List members:</i>	<i>Titles</i>	<i>Phone:</i>	<i>Email:</i>

If Corporation, provide copy of the articles of incorporation & include the states you are incorporated in.

<i>Purchasing Contact/ Title:</i>	<i>Phone:</i>	<i>Email:</i>

How would you prefer to receive your invoices & statements? Email or Fax

<i>Accounts Payable Contact:</i>	<i>Phone:</i>	<i>Email:</i>

Advance Notice of Change in Ownership Structure; i.e., proprietorship or partnership to corporation or LLC: Written notice is required. A new credit application & tax certificate could possibly be required at this time also.

What are your approximate monthly purchase requirements? \$ _____



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Bank Reference:

Name of Bank: _____ Contact: _____

Email: _____ Phone: _____

Address: _____

Trade References: *Three are required to set up an account. You may include a trade reference sheet in lieu of filling out this page*

Name:	Email:
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Address: _____

City:	State:	Zip:	Telephone #:
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Account #:	Fax #:
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Name:	Email:
--------------	---------------

Address: _____

City:	State:	Zip:	Telephone #:
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Account #:	Fax #:
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Name:	Email:
--------------	---------------

Address: _____

City:	State:	Zip:	Telephone #:
-------	--------	------	--------------

Account #:	Fax #:
------------	--------

Name:	Email:
--------------	---------------

Address: _____

City:	State:	Zip:	Telephone #:
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Account #:	Fax #:
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Terms of Sale: 1% Discount by the 10th, Net 15th of the following month

Statements: Sent at the end of each month with a detail of all outstanding activity for that month.

Late Charges: 2% per month (24%) APR late charge will be added to all invoices unpaid after 30 days

Returns: Returns must be approved in advance and may be subject to a 15% restocking fee. Non-stocked items are not returnable.

Terms and Conditions:

A copy of your company's most current financial statement attached to this application will expedite the credit review. In the event of conflicting terms, A&D's terms of sale will prevail. The laws of the state of Oklahoma, Oklahoma County, will apply regardless of customer location or ship-to location. Venue will be Oklahoma County. In the event of default, customers placed for collection agree to payment of collection fees and court costs. The undersigned warrants the information provided to be true, correct, and complete to the best of his/her knowledge. I hereby authorize the release of credit and financial information from all sources necessary including banks and credit references for the purpose of obtaining credit, and hold harmless for said disclosure.

Authorized Signature: _____ Date: _____

Title: _____

Personal Guarantee:

The within guarantee is made for the benefit of, and to obtain credit on a continuing basis from A&D Supply Co. The undersigned hereby guarantees the performance of all obligations of _____, including but not limited to payment of all present and future indebtedness to A&D Supply Co., whether secured or unsecured and regardless of how the indebtedness is represented or incurred and regardless of prior notice, demand, or pursuit of remedies against the party primarily liable. The undersigned consents to any extension or alteration of any obligation and guarantees such without prior notice. This guarantee shall continue in effect until the undersigned has notified A&D Supply Co. in writing via certified mail of its cancellation, but such cancellation shall not alter any obligation of the undersigned arising there under prior receipt of such written notice.

Name: _____ Social Security #: _____

Signature: _____ Date: _____