

**Commercial Billing Service**Compass Bank
Post Office Box 2201
Decatur, Alabama 35609-2201

Credit Application To: _____

and other Merchants _____

Merchant #: _____

Account #: _____

Trade name of business: _____ Phone #: () _____

Legal name of business: _____ Fax #: () _____

Address: _____ City: _____ State: _____ Zip: _____

Billing Address: _____ City: _____ State: _____ Zip: _____

E-mail Address: _____ Web Address: _____ Cell Phone #: () _____

We expect our monthly credit requirements from Compass to be about \$ _____ Federal Tax ID # _____

 Corporation LLC Sole Owner Partnership Other _____If incorporated, list state in which incorporated: _____ Are you listed with D & B? Yes # _____ No

Principal Owners or Stockholders: _____

Name	Address	Title

Any prior businesses? Yes No Name: _____Was account with Compass Bank? Yes No Name: _____ Account #: _____Was business purchased from a previous owner? Yes No Date of Purchase: _____

Date business started: _____ Principal contact at company: _____

Tax Exempt? Yes (provide certificate) No Purchase Order required? Yes No Other _____

Subsidiaries - Affiliates - Franchises? _____ Number of employees _____

 Own or Rent building - if rent, from whom? _____ Value / Rent \$ _____Has the Company or any principal owner filed bankruptcy in the last 7 years? Yes No

Bank	Name	City/State	Account #	Bank Officer	Telephone
Bank 1					
Bank 2					

List four largest 30-day trade or credit references:

	Name	City/State	Telephone
1.			
2.			
3.			
4.			

Bonding Company or floor plan? _____ () _____

Have you rented equipment in the past? If so, from whom? _____ () _____

The Company applying for credit in this Application ("Company") has requested credit from the merchants listed above and any other merchant (collectively, "Merchants") from whom Compass Bank's Commercial Billing Service Department ("Compass") may from time to time purchase accounts receivable. Company is furnishing the information and agreements herein solely at the merchant's request to obtain credit from merchants and understands that Compass may refuse to purchase accounts of the Company from any of the merchants at any time without notice to Company or any other party. All parties listed above, and with or without notice to Company, any merchant may receive a copy of this application and all such parties are authorized to release credit information concerning Company to Compass. Company understands that all accounts are due on the 15th day of the calendar month after the calendar month of the statement date. If Compass, after Company's refusal to pay, collects through an attorney any indebtedness related to any merchant account assigned to Compass, the Company shall pay all collection costs, including a reasonable attorney's fee.

Print or Type Name: _____ Title: _____

Signature: _____ Date Signed: _____

PERSONAL GUARANTY

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

Signed: _____ Social Security Number: _____ Date: _____

Toll Free Telephone # (800) 239-2455

Toll Free Fax # (677) 659-0780

Merch 1-000000-001-001-001

FAX - 954-845-9183