



# CREDIT APPLICATION

Mail original, signed application to:

**NEW MAILING ADDRESS**

Famous Enterprises, Attn.: Credit Manager  
2620 Ridgewood Rd., Akron, OH 44313

(Please Print or Type)

**Applicant:** \_\_\_\_\_ Amount of Credit Requested \$ \_\_\_\_\_

Business or Corporate Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_ Business Phone \_\_\_\_\_ Fax \_\_\_\_\_

Type of Business \_\_\_\_\_ Year Business Established \_\_\_\_\_ Email \_\_\_\_\_

Operates as: Corporation \_\_\_\_\_ Individual \_\_\_\_\_ Partnership \_\_\_\_\_  
Year Incorporated \_\_\_\_\_

**Names of Owners or Partners:** \_\_\_\_\_ Federal ID # \_\_\_\_\_

Name \_\_\_\_\_ SS# \_\_\_\_\_ Name \_\_\_\_\_ SS# \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

Home Phone \_\_\_\_\_ County \_\_\_\_\_ Home Phone \_\_\_\_\_ County \_\_\_\_\_

**Names of Officers:**

President \_\_\_\_\_ SS# \_\_\_\_\_ Vice President \_\_\_\_\_ SS# \_\_\_\_\_

Secretary-Treasurer \_\_\_\_\_ Attorney \_\_\_\_\_

Has Applicant or any of its Owners, Principals, Officers or Directors ever filed bankruptcy?  No  Yes

If yes, give name & year of filing \_\_\_\_\_

Is Applicant, its Owner(s) or Principal(s) presently involved in litigation?  No  Yes If yes, describe \_\_\_\_\_

Judgments entered against Applicant, its Owners(s) or Principal(s) in the last two years \_\_\_\_\_

Has a tax lien been filed against Applicant or any of its Owners, Principals, Officers or Directors in the last four years?  No  Yes

Does Applicant owe any past due taxes?  No  Yes

Bank Name \_\_\_\_\_ Savings Acct. # \_\_\_\_\_ Checking Acct. # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

PLEASE ATTACH A LIST OF TRADE CREDIT REFERENCES (OR LIST ON REVERSE SIDE), YOUR TAX EXEMPT CERTIFICATE (IF APPLICABLE), YOUR LATEST FINANCIAL STATEMENTS, AND/OR INCOME TAX RETURN.

Applicant hereby authorizes Famous Enterprises, Inc. or any of its affiliated companies the right to investigate the credit of the Applicant with any of its suppliers, financial institutions, credit bureaus or credit reporting agencies, and retain this data in its file for future reference. Applicant has read and agrees to be bound by the Credit Terms on the reverse side hereof, and agrees to notify seller, in writing via certified mail, of any material change in name, ownership, location or corporate status within five (5) days. The undersigned warrants and represents that the above information is true and correct and may be relied on.

Company Name \_\_\_\_\_

Famous Enterprises Representative \_\_\_\_\_ Signature **X** \_\_\_\_\_

Famous Enterprises \_\_\_\_\_ Name \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

The undersigned, for valuable consideration, hereby agree(s), jointly and severally, to unconditionally guaranty payment and/or performance of all obligations of Applicant to Famous Enterprises, Inc. or any of its affiliated companies. The undersigned agree(s), without Famous first having to proceed against or collect from the Applicant, to be personally liable for and to pay on demand all sums due and to become due to Famous and to be personally liable for and to pay on demand all losses, costs, attorney's fees or expenses which may be suffered by Famous by reason of any default by the Applicant or any of the undersigned. The undersigned agree(s) to waive notice of default by Applicant or any of the undersigned and agree(s) that Famous may, without notice to the undersigned, increase the amount of credit extended to Applicant and extend the time of payment without limitation. No termination of this guaranty shall be effective except by written notice sent to Famous by certified mail, return receipt requested, naming a termination date not less than 30 days after the receipt of the notice by Famous.

**Preferred Method to Receive Invoices & Statements:** (check one)

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

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

AP Contact Name: \_\_\_\_\_

Signature **X** \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_

Signature **X** \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_



