Shiflet & Dickson
Car & Home Audio
Since1955

CONFIDENTIAL CREDIT APPLICATION

07/25

OWNERS CONTACT INFORMATION			
FULL NAME		TITLE	
E-MAIL		PHONE	
BUSINESS INFORMATION REGISTERED			
BUSINESS NAME			
DBA		FEDERAL TAX ID	
SHIPPING ADDRESS		BUSINESS PHONE	
CITY		STATE	ZIP CODE
MAILING ADDRESS		FAX NUMBER	
CITY		STATE	ZIP CODE
YEAR BUSINESS WAS ESABLISHED		STORE FRONT | YES ☐ | NO ☐	
RESIDENTAL ☐ | COMMERICAL ☐	E-MAIL INVOICES TO		
TYPE OF BUSINESS: SOLE PROPRIETORSHIP ☐ | PARTNERSHIP ☐ | LLC ☐ | CORPORTATION C ☐ | CORPORTATION S ☐ | OTHER ☐			
BANKING INFORMATION: PAYMENT METHOD USED			
BANK NAME			
ADDRESS		PHONE	
CITY		STATE	ZIP CODE

TYPE OF ACCOUNT	CREDIT CARD ACCOUNT NUMBER BELOW	
VISA ☐ | MC ☐ | AMEX ☐		PRIMARY CREDIT CARD #1
OTHER		
EXP. DATE	V-CODE	ZIP CODE
VISA ☐ | MC ☐ | AMEX ☐		SECONDARY CREDIT CARD #2
EXP. DATE	V-CODE	ZIP CODE

AUTHORIZED USER(S)	AUTHORIZED PAYMENT TYPES	AUTHORIZED TO MAKE PURCHASES
NAME	CHECK ☐ | CREDIT CARD ☐ | BOTH ☐	YES ☐ | NO ☐
NAME	CHECK ☐ | CREDIT CARD ☐ | BOTH ☐	YES ☐ | NO ☐

ACCOUNT TERMS REQUESTED
CHECK REQUESTED TERMS | CREDIT CARD ☐ | CASH ☐ | COD COMPANY CHECK* ☐ | NET* ☐
BANK REFERENCE RELEASE FORM IS REQUIRED BEFORE APPROVAL ON NET OR COD CHECK TERMS

CREDIT AGREEMENT
1 | All invoices are to be settled within 30 days from the issuance date, unless specified under different terms. Example: NET 30/60/90 **2 | All claims related to an invoice must be submitted within five days of the date of issuance.** **3 | You authorize inquiry into the banking and business references provided within this application.** **4 | List of full names of authorized users of credit card(s) on file to purchase product(s) for your business. It is the owner's sole responsibility to notify us if any person that is no longer authorized to make purchases. If not notified, the cardholders will be responsible for the charges made by that person.**

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PURCHASE AGREEMENT:

The above named "Business/Company Name" hereby makes application for credit and provides the information contained herein, which warranted to be true and correct, for the purpose of inducing Shiflet & Dickson to make periodic sales of goods and equipment to it. In consideration thereof, it is agreed and understood that (1) the undersigned is an authorized representative and/or agent of the applicant and is duly empowered to enter into and make binding agreements on its behalf, (2) no offer or agreement to purchase or sell good or equipment is valid until approved by the seller's home office located in Gastonia, NC, (3) all payments shall be made to Shiflet & Dickson, LLC at P.O. BOX 815, Gastonia, NC 28053, (4) all account balances are due payable in full within 30 days from date of invoice unless other terms are shown on invoices.

CONTINUING GUARANTY OF PAYMENTS:

The undersigned, jointly and severally, hereby unconditionally guarantees payment of any indebtedness which is incurred by the above-mentioned firm Shiflet & Dickson LLC. This guarantee shall accrue to and be for the benefit of not only Shiflet & Dickson, LLC, but to its successors and assigns as well. In the event of any default at any time by the purchaser herein about mentioned, you shall be entitled to look to the undersigned immediately for such payment without prior payment or notice. The liability of the undersigned shall not be impaired or affected by any exchange or substitution of goods. This guarantee shall continue in full force and effect without limitations and shall extend to all purchases until such a time of revocation by registered mail. Such notice of revocation shall be by Shiflet & Dickson LLC in reliance upon this guarantee. Should this guarantee not be honored or demand and the matter is placed in the hands of any attorney, the undersigned shall pay all costs of collection, including a reasonable attorney's fee. Charges not paid within terms shall be subject to a 1 ½% per month late charge (18% per annum).

Required Agreement Signature - All owners must sign

Owner Signature: _____ Guarantor: _____ Date: _____
Owner Signature: _____ Guarantor: _____ Date: _____
Owner Signature: _____ Guarantor: _____ Date: _____

FILL OUT THE MAJOR SUPPLIERS' INFORMATION - *REQUESTING NET OR COD CHECK TERMS ONLY*
MAJOR SUPPLIER #1
NAME/CONTACT
ACCOUNT #
PHONE
ADDRESS
CITY/STATE
COMMENTS
MAJOR SUPPLIER #2
NAME/CONTACT
ACCOUNT #
PHONE
ADDRESS
CITY/STATE
COMMENTS
MAJOR SUPPLIER #3
NAME/CONTACT
ACCOUNT #
PHONE
ADDRESS
CITY/STATE
COMMENTS
MAJOR SUPPLIER #4
NAME/CONTACT
ACCOUNT #
PHONE
ADDRESS
CITY/STATE
COMMENTS