## COMMERCIAL CREDIT APPLICATION

Please type or print clearly

Principal Business Location for Billin	g			
Complete Name of Business:				
Street Address:				
Phone # ( )				
Trade name or DBA if applicable:				
Other names or related business ent	ities:			
Specific Business Information				
Type of business:			Date Business Started:	
Legal state of business (check one)	Corporation	☐ Sol	e Proprietorship	Partnership
Bus. lic. #:		Resale #	:	
# Employees:	State Inc. in:		Date Inc.:	
Bank References				
Bank Name:			Bank Telephone #: (	)
Bank Street Address:				
Name of Bank Officer:			How long with bank?	
Type of Accounts:   Checking Accounts:	ount #		☐ Savings Account #	
☐ Commercial Account #				
Other Banking/Financial Relations	List on separate sheet if	necessary	1	
Trade References				
Name:		F	Phone#: ( )	
Street Address:				
Fax #: ( )				
Name:		F	Phone#: ( )	
Street Address:				
Fax #: ( )				
Name:		F	Phone#: ( )	
Street Address:				
Fax #: ( )				
General Information				
Name and Address of Former Busine	·		•	
Name and Address of Associated Bu	ısiness(s) - List on separa	te sheet o	f paper if necessary	
Current Business Real Estate: (chec	k one) Leased	☐ Ren	ted	
Mortgage carried by:				



Name of present landlord:	Phone #: ( )
Address:	Thone #. (
Have you ever had a fire loss? (specify)	
Principals or Partners	Home Phone # /
Name & Title:	Home Phone # ( )
Home Address:	Delicens Licenses Number
Social Security Number:	Drivers License Number:
Prior Employment, Company:	
Address:	Tu o «
Name & Title:	Home Phone # ( )
Home Address:	
Social Security Number:	Drivers License Number:
Prior Employment, Company:	
Address:	
Customer Agreement  The undersigned hereby makes application for credit and provides information contained herein, which is warranted to be true and correct, for the purpose of inducing EasyCare Inc. to make periodic sales of goods and materials to it on credit. In consideration thereof, it is agreed and understood that (1) the undersigned is an authorized agent of the applicant and is duly empowered to enter into and make binding agreements on its behalf; (2) all amounts charged under this account are payable in full within the terms of the sale established for the account; (3) all payments shall be made to EasyCare Inc. at 89 Trimble Crossing Dr., Suite E Durango, CO 81301; (4) on balance remaining unpaid for a period of thirty (30) days to pay 1-1/2% service charge, such charge to be added to the balance of the account as reported in the monthly statement; (5) in the event of default in the payment of any amount due, the balance of the account shall at the option of EasyCare Inc. be due and payable immediately; (6) and if this account is placed in the hands of an agency or attorney for collection or legal action, to pay an additional charge equal to 20% of the Signed:  Full name of firm	outstanding account balance to offset the cost of collection including agency and attorney fees, and court costs.  The undersigned customer further agrees that it shall not permit or suffer any change in customer ownership or the sale of all or substantially all of the customer's assets without providing prior written notice to EasyCare Inc. and establishing arrangements for the payment of the then outstanding amounts owed by the undersigned customer on terms acceptable to EasyCare Inc. Credit terms with any successor shall be at EasyCare Inc.'s discretion based on the successor's credit worthiness under EasyCare Inc.'s then applicable credit policies and standards. Failure to provide EasyCare Inc. with such prior written notice of a change in ownership or a sale of all or substantially all of the customer's assets shall cause the undersigned customer, and each principal who personally guarantees the undersigned customer's liabilities to EasyCare Inc. to remain fully liable to EasyCare Inc. with respect to all amounts owed by the undersigned and such successor.
By: Signature of Authorized Agent	Title:

**Guaranty & Suretyship Provision.** In consideration of the credit being extended to the above named firm, and the direct and indirect benefit received by the undersigned by virtue of such credit extension, the undersigned does hereby guaranty and become surety for all amounts owed to EasyCare Inc. by the above named firm. This Guaranty & Suretyship is absolute, unconditional and continuing. The undersigned does hereby waive and consent to any rearrangement, extension, modification, amendment and/or renewal of the indebtedness hereby granted without prior notice or any approval. In the event this Guaranty is placed for collection, the undersigned agrees to pay all costs of collection and reasonable attorney's fees. If signed by more than one person, the liability hereunder shall be joint and several. Intending to be legally bound hereby, the undersigned sets their hands and seals. This Guaranty and Suretyship shall be governed under the laws of the State of Colorado, regardless of the place of execution.

Signed: Dated:
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