

# CREDIT APPLICATION



Monarch Business Solutions, Inc.  
 P.O. Box 43354  
 Birmingham, AL 35243

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 www.monarchbusiness.net

**Please include a copy of your State Resale or Sales Tax Exempt Certificate**

**NAME OF BUSINESS (BILLING ADDRESS)**

COMPANY NAME		PHONE #	FAX #
STREET			
CITY	STATE	ZIP CODE	
D&B #:	TAX ID		

**PHYSICAL ADDRESS**

STREET		
CITY	STATE	ZIP

**Form of Business**

(Please check applicable box)

PROPRIETORSHIP		PARTNERSHIP	
CORPORATION		OTHER:	

**ACCOUNTS PAYABLE CONTACT**

NAME	TITLE	PHONE	EMAIL
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**BANK REFERENCE**

BANK NAME:	ADDRESS:	PHONE:
BANK CONTACT:		FAX:
BANK ACCOUNT NO.:		EMAIL:

**TRADE REFERENCES: (Minimum of 3 are requested)**

VENDOR NAME	ADDRESS	PHONE NUMBER	FAX NUMBER

I hereby represent that I am authorized to submit this application on behalf of the customer named above, and that the information provided is for the purpose of obtaining credit and is warranted to be true. I/We hereby authorize Monarch Business Solutions to investigate the references listed pertaining to my credit and financial responsibility. It is agreed and understood that all necessary collection and legal expenses and interest (at 18% per year or state maximum) may be charged to debtor in the event of default or failure to pay goods sold and delivered. I/We further represent that the customer applying for credit has the financial ability and willingness to pay all invoices with established terms.

Customer Signature \_\_\_\_\_ Title \_\_\_\_\_ Date Signed \_\_\_\_\_

**PERSONAL GUARANTY**

Personal Guaranty Name \_\_\_\_\_  
 (Please print)  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_  
 Zip code \_\_\_\_\_ Phone \_\_\_\_\_

Social Security number \_\_\_\_\_

I hereby guarantee to Monarch Business Solutions the payment of all sums owing on this account. Monarch Business Solutions shall have the right to investigate my personal credit, employment and income records, and the right to verify my credit referenes in connection with this application. Monarch Business Solutions shall also have the right to report the way I pay this account to the credit bureaus and other parties who may lawfully receive such information.

Personal Guaranty Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness 1 \_\_\_\_\_ Date \_\_\_\_\_

Witness 2 \_\_\_\_\_ Date \_\_\_\_\_

Please check box if references are attached (Signature required)