

Richart Distributors, Inc.

manufacturer of **FLOMORE**® products

3415 S. I-35 Service Road
 Oklahoma City, OK 73129
 405/843-5654 fax 405/619-3007
www.flomore.com

Credit Application for Open Account

Name/ Address

Last:	First:	Middle Initial:	Title:	
Name of Business:			Tax I.D. Number:	
Address:				
City:	State:	ZIP:	Phone:	

Company Information

Type of Business:	Years in Business:			
Legal Form Under Which Business Operates: State: _____ Other: _____	Corporation <input type="checkbox"/> Partnership <input type="checkbox"/>			
If Division/Subsidiary, Name of Which Business Operates:	Years in Business:			
Name of Principal Officer Responsible for Business Transaction:	Title:			
Address:	City:	State:	Zip:	Phone:
Name of Principal Officer Responsible for Purchasing:	Title:			
Address:	City:	State:	Zip:	Phone:

Bank References

Institution Name:	Institution Name:
Contact Name:	Contact Name:
Phone:	Phone:
Checking Account Number:	Savings Account Number:

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Trade References

Company Name:	Company Name:	Company Name:
Contact Name:	Contact Name:	Contact Name:
Address:	Address:	Address:
Phone:	Phone:	Phone:
Fax:	Fax:	Fax:
Account Opened Since:	Account Open Since:	Account Open Since
Credit Limit:	Credit Limit:	Credit Limit:
Current Balance:	Current Balance:	Current Balance:

Please include a copy of your company's W-9, Sales Tax Exempt Form and Certificate of Liability Insurance.

Do you require a Purchase Order Number? _____

Buyer agrees with Richart Distributors, Inc. to pay for all purchases within 30 days of the date of the invoice. In consideration of the extension of credit by Richart Distributors, Inc. , customer agrees that all accounts overdue by 30 days shall bear interest at the rate of 18% per annum and the customer agrees that it is liable, in the event that its account is turned over to collection, to pay Richart Distributors, Inc. for all costs of collection, to include reasonable attorney fees.

By signing you agree that any and all information provided is indeed factual and you understand and agree to pay within the terms as stated above.

Authorized Signature _____ Date _____

****All information contained herein will be treated strictly
 confidential and is for our records only****

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Personal Guarantee for Extension of Credit

Dated _____

I, _____
(Individual's Name)

Residing at _____
(Individual's personal address, city, state, zip)

For and in consideration of *Richart Distributors, Inc.* _____

Extending credit to _____
(Name of Credit Application Company)

(hereafter referred to as the "Company") of which and in reliance on any guaranty of said credit, I _____, hereby personally guarantee to you the payment of any obligation of the Company and I hereby agree to bind myself to pay you on demand any sum which may become due to you by the Company whenever the Company shall fail to pay the same. It is understood that this guaranty shall be continuing and irrevocable guaranty, and indemnity for such indebtedness of the Company. I do hereby waive notice of default, nonpayment and notice thereof and consent to any modification or renewal of the credit agreement hereby guaranteed. The Officer (s) of the Company must sign below as individuals-signature only, no Corporate titles.

Social Security Number _____

Signature _____

Print Individual's Name _____

Date _____