SOURCE; HDD, Inc. 888-311-3869



Credit Application

Fax Completed Application to: 620-802-0250 or email to: ar@straightlinehdd.com

APPLICANT (Complete na Company	me of legal	entity. If a co	rporation	, use EXA	CT registe	pred corpo		ame.)				
Billing Address				City		Cour		nty		State	Zip	
Contact Person Mr.	Mrs.	Ms.	Title	1		E-Mail						
Telephone			Fax					# of Empl	oyees	s # c	of Years at Address	
Amount of Credit Requested FEIN #					Date Company Began Ann				Annua	nual Sales		
Has the company or it's prin	cipals ever t	aken bankrupto	cy:	Yes	No	If yes, e	xplain:	<u> </u>				
Nature of Business:					Type of Business Proprietorship			p Partnership Corporation				
PERSONAL INFORMATIO	N ON OFFIC	ERS, PARTNE	ERS, OR (GUARAN	OR							
ame				Title					% Ownership		Social Security #	
Home Address		City		•	State	Z	<u>Zip</u>		Но	me Pho	ne #	
Name				Title				% Owners	ship	Socia	I Security #	
Home Address	e Address City			•	State Zip				Home Phone #			
TRADE REFERENCES – T	WO YEAR H	IISTORY										
Name of Supplier		City/Sta	City/State			Telephone #.				Contact Person		
Email					Fax #	Ty	pe of	Account				
Name of Supplier		City/State			Telephone #.					Contact Person		
					Fax #							
Email						Ту	pe of	Account				
Name of Supplier		City/State			Telephone #.				Contact Person			
Email Email				Fax #			Type of Account					
Lillali						1)	/pe or	Account				
COMPANY BANK REFERE	ENCES – TW	O YEAR HIST	ORY									
Name of Bank/Branch		Chkg. Acct. #			Telephone #				Contact Officer			
City/State		Other Acct. #			Fax#							
Name of Bank/Branch		Chkg. Acct. #			Telephone #				Contact Officer			
City/State		Other Acct. #			Fax#							
Applicant(s) authorizes the accounts to SOURCE: HDD Authorization is granted to u), Inc., and / use photo or	or any of its as fax copies of th	ssigns. Ap nis applica	oplicant(s) ntion and a	warrants the pplicant's s	hat the info signature th	rmatio nereon	n stated ab to obtain c	ove is redit i	true & on the structure of the structure	correct. on.	
Applicant(s) agrees to pay a and additionally any reason						s, including	intere	st on the ur	npaid	balance	as allowed by law	
x						<u> </u>						
Signature							Date					

SOURCE: HDD, Inc. 1816 E. Wasp Rd. 888-311-3869



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Personal Guarantee

	Date _	20
I,, residing at for and in consideration of your extending credit	at my request to	· · · · · · · · · · · · · · · · · · ·
(Name of Compan	у)	(hereinafter referred
to as the "Company"), of which I am,		
unconditionally guarantee to SOURCE: HDD, In Wasp Rd., Hutchinson in the State of Kansas of myself to pay you on demand any sum which m Company shall fail to pay the same. It is understirrevocable guaranty and indemnify for such indor non-payment and consent to any modification guaranteed. I agree to pay all costs of collection other expenses. I waive any and all exceptions to United States and any state or territory thereof. credit bureau or consumer report at any time for Company.	any obligation of the Compay become due to you by tood that this guarantee shebtedness of the Company or renewal of the credit againcluding reasonable attorom process and execution give authorization to requ	pany. I agree to bind he Company whenever the all be a continuing and r. I waive notice of default greement hereby rney's fees, court costs and n under the laws of the est/obtain a copy of any
Signature		
Printed Name:		
Witness: Printed Name: Address:		