

SMITH DISTRIBUTING COMPANY

4110 NW 10TH | OKLAHOMA CITY, OK 73107

(405) 947-6484 | FAX (405) 946-1251 | TOLL FREE 800-289-9582

Credit Application

Company Name: _____

Mailing Address: _____

Phone Number: _____

Banking Reference: _____

Address: _____

Bank Officer and Phone Number: _____

Sales Tax Number: _____ (must send copy)

Credit References:

Name: _____ Phone Number: _____

Agreement:

We hereby jointly and severally agree to guarantee payments for all accounts due to Smith Distributing Company from above named corporation, proprietorship, or partnership within 30 days from the date notice is given that payments are due. In the event that a payment is not made and this account is turned over to an attorney, we also agree to pay reasonable attorney fees charged for the collection.

Personal Guarantor: _____

Signature: _____ Date: _____

Title: _____ SSN: _____

Business Type: Proprietorship Partnership Corporation

SMITH DISTRIBUTING COMPANY

4110 NW 10TH | OKLAHOMA CITY, OK 73107

(405) 947-6484 | FAX (405) 946-1251 | TOLL FREE 800-289-9582

The company or person listed below has applied for credit with Smith Distributing Company. Their signature is evidence of authorization for release of financial information from a credit reporting agency or other company, bank or financial office.

Name:

Address:

Phone Number:

Fax Number:

Authorized Signature:
