



300 Chastain Center Blvd, Suite 315  
Kennesaw, GA 30144  
770-499-8932 • Fax: 770-499-8974  
sales@centennialmountings.com  
www.centennialmountings.com

**CREDIT APPLICATION** (Page 1 of 3)

Please complete and sign this credit application to be considered for open account status. If the information supplied is incomplete or found to be incorrect, this may delay processing of the application and could affect prompt delivery of products or services.

**I (WE) SUBMIT THE FOLLOWING INFORMATION IN APPLYING FOR AN OPEN ACCOUNT:**

Business Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Shipping Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
A/P Contact: \_\_\_\_\_ Website: \_\_\_\_\_  
Business Type:  Manufacturer  Wholesaler  Retailer  Retail Mfg.  Other

**COMPLETE APPLICABLE SECTION:**  Individual\*  Partnership\*  Corporation\*

Subsidiary of: \_\_\_\_\_

Do you operate under any other names?  Yes  No  
If yes, state company name(s) and address(es)  
(Add additional sheets if necessary)

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Owners', Officers', Directors', or Partners' names, addresses and Social security numbers  
(add additional sheets if necessary):

1. Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

2. Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Year Incorporated: \_\_\_\_\_ State of Incorporation: \_\_\_\_\_ Years in Business: \_\_\_\_\_

Owners' Social Security Numbers: 1 \_\_\_\_\_ 2: \_\_\_\_\_

**Note:** If corporation is less than three (3) years old, individual personal guaranty form must be completed by an officer of the applying company. \*Personal Guarantee may be required from other corporations and entities as well.



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Bank Name: \_\_\_\_\_

Checking Account Number: \_\_\_\_\_ Savings Account Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Bank Officers (Contacts): \_\_\_\_\_

**TRADE REFERENCES (Include Casting/Mounting Suppliers)**

<b>Trade (1)</b>	Acct. #:	Fax #
Address:		Phone #
City:	State:	Zip:
<b>Trade (2)</b>	Acct. #:	Fax #
Address:		Phone #
City:	State:	Zip:
<b>Trade (3)</b>	Acct. #:	Fax #
Address:		Phone #
City:	State:	Zip:

*If representations made by the buyer in this credit application are subsequently found incorrect or incomplete, the right is reserved to reject the application and to negate any obligation to proceed with any merchandise. (1) Buyer recognizes Seller's terms as NET 30 DAYS and acknowledges and authorizes a service charge of 1.5% per month (18% annual) on any and all past due amounts. (2) Seller shall have the right to (a) declare the entire amount due and payable if default occurs in making any payments when due, (b) in the event of default, customer agrees to pay attorney and/or collection agency fees not exceeding 40%, (c) to change the terms of the account from time to time (consistent with applicable Georgia law) to be effective not less than 30 days after given notice, (d) to limit the amount of credit extended under this account or terminate the account, upon giving written notice thereof; but it may avail itself of the terms of this agreement until full payment of the entire balance with the accrued Finance Charge to date has been received, (3) said Finance Charge will continue to accrue until the balance is paid in full, (4) In submitting this application for credit, I authorize you to investigate my credit record.*

**I CERTIFY THAT THE ABOVE INFORMATION ON ALL 3 PAGES IS CORRECT AND I AGREE TO THE ABOVE SHOWN,**

Signature of Owner/Partner or Officer \_\_\_\_\_ Date \_\_\_\_\_ Authorized Signature other than above \_\_\_\_\_ Date \_\_\_\_\_



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**INDIVIDUAL PERSONAL GUARANTY**

If corporation is less than three (3) years old, or you are requested to do so by Centennial, the following guaranty must be completed by an officer of the company. It must be signed for all single proprietorships and partnerships by a principal.

Date: \_\_\_\_\_

I, \_\_\_\_\_, residing at \_\_\_\_\_

for and in consideration of your extending credit at my request to:

NAME OF COMPANY \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

hereinafter referred as the "Company", of which I am (TITLE) \_\_\_\_\_

hereby personally guaranty to Dana Augustine, Inc. d/b/a Centennial Mountings and Findings, and affiliated companies or assigns herein referred to as the "creditor," the payment of any obligation of the Company and hereby agree to bind myself to pay the Creditor on demand any sum which may become due to the Creditor by the Company whenever the Company shall fail to pay the same. It is understood that this guaranty shall be continuing and irrevocable and indemnify for such indebtedness of the Company, I do hereby waive notice, non-payment and notice thereof and consent to any modification or renewal of the credit agreement hereby guaranteed.

\_\_\_\_\_  
Signature

**X**  
\_\_\_\_\_  
Notary Stamp /Witness / Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Social Security Number