

# The Lifeguard Store, Inc.

2012 W. College Ave., Normal, IL 61761

(Please Type or Print)

## Credit Application

Date:	Sales Rep:	Amount of Credit Requested:
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### COMPANY PROFILE

Business Name:		
DBA:	Date Established:	
Phone:	FAX:	E-mail:
Company address:		
City:	State & ZIP:	TaxID:
Phone:	FAX:	E-mail:
Have you placed an ordered with us before?		Under what Name?

### Owners or Officers

Name:		Title:	
Name:		Title:	
Accounts Payable Contact:		Phone:	
Sole proprietorship	Partnership:	Corporation:	Other:

### CREDIT TRADE REFERENCES

<u>Name</u>	<u>Street</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	<u>Phone</u>	<u>Acct #</u>
1.						
2.						
3.						

### BANK REFERENCES

<u>Name</u>	<u>Street</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	<u>Phone</u>	<u>Acct #</u>
1.						
2.						

### Agreement

In the event the above named APPLICANT purchases any goods or materials from The Lifeguard Store, Inc. on account, in

1. The APPLICANT shall pay The Lifeguard Store, Inc. for all goods or materials purchased by APPLICANT within 30 days from the date of the invoice.
2. The APPLICANT shall pay The Lifeguard Store, Inc. interest at the rate of 1.5% per month on all invoice amounts that remain due and owing The Lifeguard Store, Inc. for more than 30 days after the invoice date.
3. The APPLICANT shall pay The Lifeguard Store, Inc. any and all expenses, including court costs, reasonable attorneys fees and reasonable collection agency fees, incurred by The Lifeguard Store, Inc. in an effort to collect any unpaid invoice amounts due from APPLICANT to The Lifeguard Store, Inc.
4. The Applicant agrees that the rights and obligations of APPLICANT and The Lifeguard Store, Inc. as they relate to this Credit Application and any and all purchases APPPLICANT makes from the Lifeguard Store, Inc. shall be governed by the laws of the State of Illinois and proper venue shall be McLean County, Illinois.
5. The undersigned, on behalf of the APPLICANT, certifies that the information provided in this Credit Application is true and correct and hereby authorizes the release of any and all information requested by The Lifeguard Store, Inc. that may be relevant in any manner to the APPLICANT and this Credit Application.

Signature	<b>OFFICE USE ONLY</b>  ACCT # CREDIT LIMIT OTHER NOTES
Date	

Please FAX the completed application to 309-451-5959 ATTN: Accounting Department

Updated: April 1, 2009