

**COMPANY CREDIT APPLICATION**

Phone: (314) 534-7150 • Fax: (314) 534-1816 • Toll Free: (800) 392-8776

OFFICE USE ONLY

BRAUER TERRITORY No. DATE: _____

COMPANY NAME: _____

BILLING ADDRESS: _____

LOCATION OF BUSINESS: _____

TYPE OF BUSINESS: _____ No. OF EMPLOYEES: _____

DATE BUSINESS BEGAN: _____

(IF LESS THAN ONE YEAR, WE WILL REQUIRE A PERSONAL GUARANTEE ADDENDUM WHICH IS ON THE OTHER SIDE OF THIS FORM. THIS MAY ALSO BE REQUIRED FOR OTHER NEW ACCOUNTS.)

HAVE YOU OPERATED UNDER ANOTHER NAME PRIOR TO THIS?

YES
NO

COMPANY NAME _____

WAS FIRM PREVIOUSLY PART OF ANOTHER COMPANY?

YES
NO

COMPANY NAME _____

PLEASE CHECK THE LEGAL STATUS OF YOUR BUSINESS:

PROPRIETORSHIP PARTNERSHIP CORPORATION FED I.D. NO.
LLC LLP OWNER'S SOCIAL SECURITY # (IF NO FEIN)

STATE OF INCORPORATION _____ DATE OF INCORPORATION _____

(Please Print) NAME	LIST ALL OWNERS, PARTNERS, OR CORPORATE OFFICERS (AND TITLES)	HOME PHONE

STREET	HOME ADDRESS CITY	STATE	ZIP

(Please Print) NAME	LIST ALL OWNERS, PARTNERS, OR CORPORATE OFFICERS (AND TITLES)	HOME PHONE

STREET	HOME ADDRESS CITY	STATE	ZIP

BANK	ACCOUNT #	AVG. BALANCE	FAX # OR PHONE #	BANK CONTACT

OTHER SUPPLIERS (REFERENCES WHO HAVE EXTENDED HIGHEST LINE OF CREDIT)					
NAME	STREET	ADDRESS CITY	STATE	ZIP	FAX # OR PHONE #

EST. MONTHLY PURCHASES FROM BRAUER \$ _____

TOTAL ASSETS \$ _____

ESTIMATED CURRENT LIABILITIES \$ _____

NET WORTH \$ _____

(ATTACH BALANCE SHEET OR COPY OF FEDERAL TAX RETURN FORM 1040 OR 1120)

SALES TAX EXEMPT # _____

(ATTACH TAX EXEMPTION CERTIFICATE/LETTER OR YOU WILL BE CHARGED TAX)

YOUR COMPANY'S TOTAL ANNUAL SALES FOR THE YEAR \$ _____

CREDIT LINE WITH BANK \$ _____

APPLICATION SUBMITTED BY: _____

TITLE: _____

PERSON(S) FOR OUR SALES REPRESENTATIVE TO CONTACT: _____

(PLEASE NOTE: IT IS BRAUER'S POLICY TO REQUIRE AN UPDATE OF ALL CREDIT APPLICATIONS ANNUALLY)

(OVER)

THE UNDERSIGNED HEREBY MAKES THIS APPLICATION FOR CREDIT AND AGREES TO PAY ALL AMOUNTS WITHIN THE TERMS STATED ON EACH INVOICE. IF ACCOUNT BECOMES PAST DUE APPLICANT AGREES TO PAY A FINANCE CHARGE OF 1.5% PER MONTH. ADDITIONALLY THE UNDERSIGNED SHALL BE RESPONSIBLE FOR ALL COLLECTION COSTS AND ATTORNEY'S FEES (REGARDLESS OF WHETHER OR NOT LITIGATION IS CONCERNED) INCURRED IN CONNECTION WITH COLLECTING DELINQUENT ACCOUNTS. IN THE LITIGATION, VENUE SHALL BE IN ST. LOUIS COUNTY, MO.

NO EMPLOYEE OR AGENT OF BRAUER SUPPLY COMPANY SHALL HAVE ANY POWER TO BIND BRAUER SUPPLY COMPANY TO ANY AGREEMENTS BEYOND THE PURCHASE AND SALE OF MATERIAL FOR RESALE OR MAINTENANCE IN THE ORDINARY COURSE OF BUSINESS, UNLESS SUCH COMMITMENTS ARE SIGNED IN WRITING BY AN OFFICER OF BRAUER SUPPLY COMPANY.

APPLICANT HEREBY ACKNOWLEDGES THAT BRAUER SUPPLY COMPANY USES VARIOUS COMMUNICATION MEDIA SUCH AS MAIL, TELEPHONE, FACSIMILE, E-MAIL, AND OTHER GENERALLY ACCEPTED MEANS OF COMMUNICATION WITH CUSTOMERS DURING THE REGULAR COURSE OF BUSINESS. APPLICANT HEREBY ACKNOWLEDGES THEIR WILLINGNESS TO ACCEPT COMMUNICATION FROM BRAUER SUPPLY WITH USE OF ANY MEDIA.

(Dated) _____ (Name of Business) _____

(Owner/Partner Signature) _____ (Title) _____

Print Name _____

(Owner/Vice President/Spouse) _____ (Title) _____

Print Name _____

PLEASE NOTE: APPLICATION MUST BE SIGNED BY AUTHORIZED INDIVIDUAL. IF COMPANY IS A PROPRIETORSHIP OR PARTNERSHIP, THE SIGNATURE OF SPOUSE(S), IF APPLICABLE, WILL BE REQUIRED.

MAIL TO: BRAUER SUPPLY COMPANY
1218 SOUTH VANDEVENTER AVE.
ST. LOUIS, MO 63110
ATTN: CREDIT DEPT. (PHONE: 314.534.7150 • FAX: 314.534.1816 • TOLL FREE: 1.800.392.8776)

Personal Guarantee

IF YOUR COMPANY HAS BEEN IN OPERATION FOR A PERIOD OF ONE YEAR OR LESS, YOU WILL BE REQUIRED TO COMPLETE THE FOLLOWING FOR CREDIT APPLICATION WITH BRAUER SUPPLY COMPANY: (MAY ALSO BE REQUIRED FOR OTHER NEW ACCOUNTS.)

WITH CREDIT APPLICATION OF _____ (Company) _____

THE UNDERSIGNED HEREBY PERSONALLY GUARANTEES ALL AMOUNTS CONTRACTED FOR AND WILL PROMPTLY PAY SAID AMOUNTS SHOULD THEY BECOME PAST DUE.

IN THE EVENT OF A DEFAULT, THE UNDERSIGNED PERMITS DEBT PAYMENT TO BE CHARGED TO CREDIT CARD LISTED BELOW.

OWNER / PARTNER / PRESIDENT

Signature _____ Date _____ (Title) _____

I hereby authorize _____ to release bank information for _____ to Brauer Supply Company.
(Name of Bank) (Account Number)

Printed Name _____

CO-OWNER / PARTNER / PRESIDENT / SPOUSE

Signature _____ Date _____ (Title) _____

I hereby authorize _____ to release bank information for _____ to Brauer Supply Company.
(Name of Bank) (Account Number)

Printed Name _____

Note: If you are an employee of another company, attach most recent w-2 & attach most recent bank statement.