

LOCATION: 502 E. CENTER AVE, CARLSBAD, NEW MEXICO 88220 MAIL TO: PO BOX 158, CARLSBAD, NEW MEXICO 88221 Tel: (575) 887-3550 Toll Free: 1-800-559-4650 Fax: (575) 887-3210

Websites: <u>www.bes-supply.com</u>

Email: <u>larae.bessupply@gmail.com</u> or <u>sales.bessupply@gmail.com</u>

*Completed credit application REQUIRED to establish a credit account. Minimum of two (2) years in business also REQUIRED.

If less than two years in business, but a subsidiary of a longer-established company, we will, at your request, pull a credit report on that company.

CREDIT APPLICATION

COMPANY INFORMATION

Company Name: DBA:					
LLC Corporat	tion S Corporation Part			Proprietor	
_					
C					
Accounts Payable En (**All invoices and statement Type of Business: Federal I.D#: User () Resale () Non Taxable Exemp		*) _ Years in b - N	ousiness	S:	
	s: SS #:_			DOB:	
	SS #:			DOB:	

Address:		 Email:
		Phone #:
Contact Name:		Email:
		Phone #:
		- Hone #.
Contact Name:		Email:
Bank Reference		
1. Name of Bank:		Phone #:
Account Name:	,	Account #:
2. Name of Bank:		Phone #:
		Account #:
Person to Contact:		
I hereby authorize the abo Sales Inc.(BES) for the pu	ve bank(s) to provide account in rpose of establishing a credit ac (Printed Name)	formation to Brininstool Equipment count with BES. (Position)
I hereby authorize the abo Sales Inc.(BES) for the pu	rpose of establishing a credit ac	count with BES.
I hereby authorize the abo Sales Inc.(BES) for the pu (Signature)	rpose of establishing a credit ac	count with BES.
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GUARANTY

In consideration of the extension of credit to undersigned, jointly, severally and unconditionally gual owing or which may hereinafter become owed by the dd/b/a BES Supply & Workwear ("BES"). It is understood and BES shall not be obligated to notify the undersign that the undersigned waves demand and notice of def other forbearance which may be granted by BES shall guaranty.	rantees and p company to Bo od and agreed ed of the date ault and agree	oromises to parininstool Equate that this is a sor amounts es that any expension.	ay all amounts r ipment Sales, lo continuing guar of any such creatersion of time	nc. anty edit,
The undersigned further waives (a) notice acceptance under this guaranty; (c) benefit of any exemptions and counterclaims; (e) all other notices to which the understand th	homestead la	aws; (d) all se	t -offs and	g
The undersigned for themselves and the company further maximum rate allowed by the laws of the jurisdiction with invoice is located on all delinquent balances as well as connection with the collection of any balance or any of transaction the company may enter into with BES, includes and all other fees arising from placement of collections.	here the origi all costs and ther default by uding without	nating BES lot expenses Bloom the company	ocation stated of ES may incur in y of any agreem	n the ent or
This is a guaranty of payment and not of collection and require that any action be brought against the companhad to any security. The undersigned's obligation shall of any subsequent incorporation, reorganization, merg company or any other change in the composition, natuguaranty shall inure to the benefit of BES, its successe executors, personal representatives, administrators, a undersigned.	ly of any other I remain effect per or consolidure, personnel ors and assigr	r persons or t tive and be e lation, transfe or location ons and shall b	o require that re inforceable rega infor sale of the fithe company. ind the heirs,	sort be rdless This
If any provision or part of the guaranty is in conflict wit provision, or part thereof, as the case may be, shall be conflict therewith, but without invalidating the remainin	deemed null	and void to t	ne extent that it	may
Signature of Guarantor (as an individual)	Name (ple	ase print)		
Social Security Number				
Home Address	City	State	Zip	
Witness	Name (plea	ase print)		

Credit Report Authorization

The following information	n concerning the custome	er must be completed ful	ıy:
Legal Name:			-
DBA:			-
	Number:		_
Present Address:			_
City:	State:	Zip:	_
Former address if less t	han two (2) years at pres	ent address:	
City:	State:	Zip:	-
Workwear (the "comparagency chosen by the C	granted to Brininstool Equy") to obtain a consumer company. I understand ar or the purpose of evaluat mpany.	credit report through a cond agree that the Compa	redit reporting ny intends to use the
, ,	norizes the Company to remain that I have supplied	•	rting agency all
required to obtain any ir Landlords and past and	redit reporting agency to uniformation necessary to concessent mortgage holder enced credit reporting agonals requested.	complete my consumer	redit report. se to the Company
	nstitutions are authorized n to the Company and/or		
	credit report authorizatio		eliable means (for
Authorized Representat	ive Signature:		
Company Name:			
Date:			