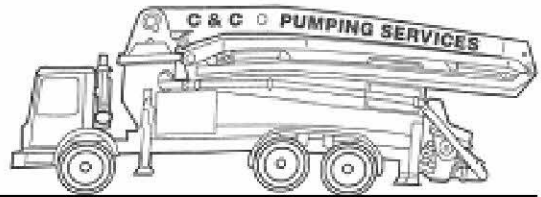


# C & C PUMPING SERVICES, INC.

19968 Independence Blvd. ♦ Groveland, FL 34736  
Office Phone (352) 429-7867 ♦ Fax (352) 429-7868



## CREDIT APPLICATION

### COMPANY INFORMATION

			( )
Complete Name of Business			Office Phone
			( )
Physical Address			Office Fax
City	State	Zip	Years Under Current Ownership
Billing Address if different than above			
Name of Parent Company (If Affiliant or Branch)			Date of Incorporation State
TYPE OF BUSINESS:			
<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other _____			Tax ID/SS #: _____

### OWNER INFORMATION

Name (First Last)	Title
Name (First Last)	Title

### CREDIT REFERENCES (vendors providing industry related services and/or products – NOT retail chain or bank)

		( )
Name of Supplier	Address	FAX
		( )
Name of Supplier	Address	FAX
		( )
Name of Supplier	Address	FAX

### CREDIT OBLIGATIONS:

- 1) All open account credit terms are net 30 days from the date of the invoice.
- 2) An interest charge of 1.5% per month (18% Annum) will be added on all invoices more than 30 days.
- 3) Any account 60 days past due will be put on C.O.D. until the account is current.
- 4) If any action has to be taken to collect the amount's due C & C Pumping Services, Inc., you will be responsible for all attorney fees, legal fees, court costs, and/or collection expenses.
- 5) Applicant's signature attests financial responsibility, ability and willingness to pay our invoices in accordance with the terms of sales stated on your invoice.
- 6) All information given on this credit application is for the purpose of obtaining credit and is warranted to be true. I/We hereby authorize the company to whom this application is made to investigate the references listed pertaining to my/our credit and financial responsibility.

**PERSONAL GUARANTEE:** I \_\_\_\_\_, in consideration of your extending credit to the above applicant, hereby personally guarantee to your company prompt payment of obligations if the above applicant shall fail to pay the same. I understand that this guarantee shall be binding and irrevocable. I hereby waive notice of default, non-payment and notice thereof.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_