



In Cooperation With Equifax Commercial Services.

Print this form and email back to credit.managers@fellers.com

Customer # _____

CREDIT APPLICATION

COMPANY NAME: _____ FAX: () _____

BILLING ADDRESS: _____ PHONE: () _____

SHIPPING ADDRESS: _____ EMAIL: _____

CITY _____ STATE _____ ZIP CODE _____

NAME OF OFFICERS, PARTNERS OR OWNERS: _____

YEAR BUSINESS STARTED: _____ HOW MUCH DO YOU PURCHASE ANNUALLY IN WRAP SUPPLIES? \$ _____

PROPRIETORSHIP: _____

PARTNERSHIP: _____ HOW MUCH CREDIT DO YOU REQUEST? \$ _____ / MONTH

CORPORATION _____ STATE OF INCORPORATION: _____

TYPE OF BUSINESS _____ FEDERAL TAX ID# _____

Applicant hereby: (I) certifies that all of the above information is true and correct; (II) acknowledges and agrees that FELLERS will be relying on such information in connection with its decision to extend credit terms to Applicant; (III) acknowledges and agrees to FELLERS' credit terms, net due in 30 days; and (IV) acknowledges and agrees to pay in pursuant to those terms in consideration of the credit being extended. If this account is placed for collection, Applicant and any guarantor agree to pay the 25% cost of collection in addition to any unpaid principle and interest, including but not limited to reasonable attorneys fee and court costs. If FELLERS is required to file a lawsuit to collect this account, Applicant acknowledges and agrees that jurisdiction and venue shall lie in the District Court of Tulsa County, Oklahoma, and that Oklahoma law shall govern. Applicant hereby authorizes FELLERS to obtain credit information about Applicant from credit reporting agencies, including Equifax Commercial Services for the purposes of this Credit Application and for the purpose of collecting any accounts resulting from FELLERS' extension of credit to Applicant.

The undersigned hereby represents to FELLERS that he is an owner, partner, or officer of Applicant. The undersigned hereby irrevocably and unconditionally guarantees to FELLERS the payment of all amounts and the performance of all obligations due from Applicant to FELLERS, now or in the future, should Applicant fail to timely pay or perform the same. The undersigned agrees that this guaranty is made as part of the consideration for and contemporaneously with FELLERS' extension of credit to Applicant. The undersigned hereby authorizes FELLERS to obtain credit information about the undersigned from credit reporting agencies for the purposes of this Credit Application and for the purpose of collecting any account resulting from FELLERS' extension of credit to Applicant and for the purpose of enforcing this guaranty.

SIGNATURE (OWNER or OFFICER ONLY)

HOME ADDRESS INCLUDING CITY, STATE & ZIP CODE

PRINT FIRST & LAST NAME

SOCIAL SECURITY NUMBER

YOUR POSITION IN THE COMPANY

DATE

Print this form, then email your completed and signed credit application to credit.managers@fellers.com
Call 800-654-8405 with any questions regarding this application.