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Application for Credit

Name of Firm or Individual & Dun's # _____

Address and Phone

City, State, Zip & Fax

The following must be completed in full and will be held in the strictest of confidence.

Ownership: Please circle.

Corporation Partnership Individual # Years in business _____

Name of principles (Please print)

Bank Name, address, city, state, zip and phone

Account #

Please provide 3 Credit references. Name, city, phone. List only those who have extended you credit.

1. _____

2. _____

3. _____

CREDIT AGREEMENT:

FOR VALUE RECEIVED, AND IN CONSIDERATION FOR, AND AS AN INDUCEMENT TO ABILITY AND DRIVE TO GRANT CREDIT TO THE ABOVE NAMED APPLICANT, THE UNDERSIGNED EACH FOR HIMSELF, PERSONALLY GUARENTEES THE PERFORMANCE AND GUARENTEES PAYMENT TO ABILITY AND DRIVE FOR ALL SUMS DUE OR TO BECOME DUE AND ALL OBLIGATIONS AGREED TO, AND FOR ALL SERVICES RENDERED TO APPLICANT.

Signature and Title _____ Date _____

Please complete and fax back to 309-413-7610.