



# CREDIT APPLICATION

Corporate Office  
15247 E Skelly Dr.  
Tulsa, OK 74116  
(918)398-2188  
(918)398-2189 Fax

### CUSTOMER INFORMATION

PLEASE CHECK ONE:  Corporation  Partnership  Sole Proprietorship  Limited Liability Company  
Bill to: (Legal Name: First, Middle, & Last) \_\_\_\_\_  
Mailing Address:(If PO BOX please provide physical address) \_\_\_\_\_  
Physical Address: \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_  
Phone # ( ) \_\_\_\_\_ Fax # ( ) \_\_\_\_\_ Cell # ( ) \_\_\_\_\_  
Purchasing: Contact \_\_\_\_\_ Phone# \_\_\_\_\_ Ext. \_\_\_\_\_  
Accounts Payable: Contact \_\_\_\_\_ Phone# \_\_\_\_\_ Ext. \_\_\_\_\_  
Federal ID # \_\_\_\_\_ Dun & Bradstreet # \_\_\_\_\_ In Business \_\_\_\_\_ Years  
Estimated Annual Purchases \$: (please check one)  
\_\_\_\_ Less than \$10,000 \_\_\_\_ \$10,000-\$20,000 \_\_\_\_ \$20,000-\$50,000 \_\_\_\_ \$50,000 or Greater

### PRINCIPALS IN THE BUSINESS

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Address: \_\_\_\_\_  
Name: \_\_\_\_\_ Title: \_\_\_\_\_ Address: \_\_\_\_\_

### BANKING/CHECKING & SAVINGS REFERENCES

Name of Bank: \_\_\_\_\_ Name on account: \_\_\_\_\_  
Account # \_\_\_\_\_ Phone # \_\_\_\_\_  
Name of Bank: \_\_\_\_\_ Name on account: \_\_\_\_\_  
Account # \_\_\_\_\_ Phone # \_\_\_\_\_

### TRADE REFERENCES

Company Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Account # \_\_\_\_\_ Phone # ( ) \_\_\_\_\_ Fax # ( ) \_\_\_\_\_  
Company Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Account # \_\_\_\_\_ Phone # ( ) \_\_\_\_\_ Fax # ( ) \_\_\_\_\_  
Company Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Account # \_\_\_\_\_ Phone # ( ) \_\_\_\_\_ Fax # ( ) \_\_\_\_\_

### CREDIT INFORMATION RELEASE FORM

I/WE HEREBY AUTHORIZE SPECTRUM PAINT COMPANY, INC./ARKANSAS PAINT SOURCE, INC. TO REVIEW THE INFORMATION CONTAINED IN THIS APPLICATION AND AUTHORIZE OUR BANK AND TRADE REFERENCES TO RELEASE ANY REQUESTED INFORMATION FOR THE PURPOSE OF GRANTING CREDIT. IN CONSIDERATION OF CREDIT BY SPECTRUM PAINT COMPANY, INC./ARKANSAS PAINT SOURCE, INC., I/WE AGREE TO THE FOLLOWING TERMS: INVOICES DUE IN NET 30 DAYS FROM THE INVOICE DATE, AND AS AN ADDITIONAL TERM OF SALE, TO PAY 18% PER ANNUM INTEREST ON ANY AMOUNT NOT PAID WITHIN 30 DAYS, PLUS COSTS OF COLLECTION, INCLUDING ATTORNEY'S FEES AND COSTS IF LEGAL ACTION IS REQUIRED. I/WE AGREE THAT THIS AGREEMENT SHALL BE GOVERNED BY OKLAHOMA LAW, AND EXCLUSIVE JURISDICTION AND VENUE OF ANY LEGAL ACTION BROUGHT TO ENFORCE THIS AGREEMENT SHALL BE TULSA COUNTY, OKLAHOMA.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Title: \_\_\_\_\_

### PERSONAL GUARANTEE

I/WE (print name) \_\_\_\_\_ AND \_\_\_\_\_ FOR AND IN CONSIDERATION OF SPECTRUM PAINT COMPANY, INC./ARKANSAS PAINT SOURCE, INC. EXTENDING CREDIT, AT OUR REQUEST, TO \_\_\_\_\_ (Name of Company or Individual) AGREE TO UNCONDITIONALLY GUARANTEE PAYMENT OF ALL SUMS OWED PURSUANT TO THIS AGREEMENT. I AM SIGNING PERSONALLY AND NOT IN MY CAPACITY AS OFFICER OF SAID COMPANY. THIS IS INTENDED TO BE AND IS A CONTINUING GUARANTEE AND SHALL NOT BE REVOKED EXCEPT BY WRITTEN NOTICE TO SPECTRUM PAINT COMPANY, INC./ARKANSAS PAINT SOURCE, INC.

SIGNATURE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

SS# (MANDATORY) \_\_\_\_\_ SS# (MANDATORY) \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Driver's License #(MANDATORY) \_\_\_\_\_ Driver's License # (MANDATORY) \_\_\_\_\_

### FOR OFFICE USE ONLY

Credit Limit \_\_\_\_\_ Pricing \_\_\_\_\_ Account Number \_\_\_\_\_ Salesman \_\_\_\_\_ CSC Score \_\_\_\_\_ Name of Person Submitting Application \_\_\_\_\_

To better ensure the billing experience at *Spectrum Paint Company, INC.* Please check the following options that you would like to have on your account.

PO NUMBER:  YES  NO

JOB NAME:  YES  NO

SIGNATURE:  YES  NO

AUTHORIZED BUYER LIST :  YES  NO

(If checked yes, please list buyers below)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

INVOICES AUTOMATICALLY EMAILED OR FAXED AT TIME OF SALE:  YES  NO

**Email address (MANDATORY):** \_\_\_\_\_

*Please Note: If you do not list an email address you will not receive a monthly statement.*

**PLEASE BE SURE TO ATTACH STATE SALES TAX EXEMPTION CERTIFICATE IF APPLICABLE.**

If you have further requirements, please contact our Accounts Receivable department to better serve you.  
accountsreceivable@spectrumpaint.com