

AmSolv Holding Company

\$250.00 Minimum Order

PO Box 191016
Dallas, TX 75219
Phone: (972) 938-1401
Fax to: [972] 938-1405
Attn: Account Management

ACCOUNT APPLICATION

Company Name: _____ Phone: _____ Fax: _____

Billing Address: _____ City: _____ State: _____ Zip: _____

How long in business?: _____ Business Descriptn: Manufacturer ___ Distributor ___ Contractor ___
EndUser: _____

Type of Business: ___ Sole Ownership ___ Partnership ___ Corporation ___ Other

Previous Customer? Yes ___ No ___ If yes, under what name? _____

Anticipated MONTHLY purchases: _____ Credit Line Requested: \$ _____

PRINCIPAL OWNER(S)/STOCKHOLDERS

(Mr.)

(Mrs.)

Name: (Ms.) _____

Has the applicant ever filed Bankruptcy: Yes ___ No ___ If yes, please state when and where on the reverse side of this

form and the date of discharge of the case as applicable.

Bank Name: _____ Account # _____

SALES TAX EXEMPTION #

E-MAIL ADDRESS: _____ **WEBSITE ADDRESS:** _____

TRADE REFERENCES

	1	2	3	4
Company:	_____	_____	_____	_____
City/State:	_____	_____	_____	_____
Phone:	_____	_____	_____	_____
Fax:	_____	_____	_____	_____

By signing below, the undersigned applicant represents and warrants that the information provided by applicant in this application is true and complete. Applicant also agrees to pay all amounts owing in accordance with AmSolv's collection practices. Normal credit terms are net 30 from invoice date. Applicant further agrees to pay all collection costs incurred by AmSolv in collecting or attempting to collect amount owed by applicant, including court costs, reasonable attorneys' fees and interest on unpaid amounts to the extent allowed by law.

By: _____ Title/Position: _____ Date: _____

By: _____ Title/Position: _____ Date: _____

AmSolv Sales Representative: _____ Territory: _____

(MUST BE SIGNED TO PROCESS)

If NEW in this business, Personal Credit Reference may be substituted above.

PERSONAL GUARANTY AGREEMENT

FOR VALUE RECEIVED and in consideration of credit or other financial accommodations heretofore, now or hereafter at any time extended to: _____ ("Debtor") by AmSolv Holding Company it's subsidiaries and/or any of their respective successors or assigns (collectively, "AmSolv"), the undersigned hereby unconditionally guarantees the full and prompt payment to AmSolv of any and all amounts owed by Debtor to AmSolv, directly or indirectly, absolute or contingent, due or to become due, and all the full and faithful performance and discharge by Debtor of each and every obligation or liability of Debtor owed to AmSolv. The undersigned also agrees to pay all expenses, legal or otherwise, including court costs and attorneys' fees, paid or incurred by AmSolv in collecting or attempting to collect any amounts owed by Debtor to AmSolv or in enforcing or attempting to enforce this Guaranty. The undersigned understands and agrees that AmSolv shall have no obligation to first proceed against Debtor for payment or to resort to any security, property, liens or other remedies with respect to amounts due from Debtor before enforcing the terms of this Guaranty. This Guaranty shall continue in full force and effect until all obligations of Debtor to AmSolv have been fulfilled and satisfied. To the extent that the Debtor or the undersigned is either a partnership or a corporation, all references herein to the Debtor or the undersigned shall be deemed to include any of their respective successors. If there shall be more than one party signing below, all obligations herein shall be joint and several as to such parties. This Guaranty shall be construed in accordance with the laws of the State of Texas.
Witness my hand and seal.

Dated: _____, 20__.

By _____

Print Name:

SEAL

Social Security #:

SWORN TO and SUBSCRIBED before me by _____ on _____, 20__.

Notary Public in and for
the State of _____

My commission expires:

By _____

Print Name:

SEAL

Social Security #:

SWORN TO and SUBSCRIBED before me by _____ on _____, 20__.

Notary Public in and for
the State of _____

My commission expires:

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CREDIT CARD AUTHORISATION

Card Number: _____ Expires: _____ Bank: _____

Cardholder: _____ Phone: _____ Fax: _____

Billing Address: _____ EMail: _____ Date: _____

Billing Address: _____

Company Name: _____ Phone: _____ Fax: _____

Billing Address: _____ EMail: _____ Date: _____

Please photo copy the credit card and photo ID of the cardholder and paste below.

Paste front of CC here:

Paste cardholder photo ID here.

Paste back of CC here.

By signing below, the undersigned cardholder represents and warrants that the information provided herein is true and complete, and authorizes AmSolv to process the above card for payment of any and all orders placed by cardholder or the company named above. Cardholder agrees to pay all amounts owing in accordance with AmSolv's collection practices. Applicant further agrees to pay all collection costs incurred by AmSolv in collecting or attempting to collect amount owed by applicant, including court costs, reasonable attorneys' fees and interest on unpaid amounts to the extent allowed by law.

By: _____ Title/Position: _____ Date: _____

(MUST BE SIGNED TO PROCESS)