



Daniel R. Smith & Associates, Inc.
 7950 Central Industrial Dr. Suite 106
 Riviera Beach, FL 33404
 Phone: 561-842-5704 Fax: 561-842-5705
www.drsa.com email us @: mail@drsa.com



Credit Application for a Business Account

Business Contact Information:

Title: _____
 Company Name: _____
 Date Business Commenced: _____
 Business Address: _____
 City: _____ State: _____ Zip Code: _____
 How Long at Current Address? _____
 Phone: _____ Fax: _____ Email: _____
 Federal ID Number: _____ State Sales Tax Number: _____

Business Bank and Credit Information:

Bank Name: _____ Account Number: _____
 Bank Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____

Please List Four Business/Trade References:

1. Company Name: _____ Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
2. Company Name: _____ Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
3. Company Name: _____ Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
4. Company Name: _____ Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____

APPLICANT'S AGREEMENT

The undersigned certifies that he or she is authorized to execute and submit this Application on behalf of the Company named above, that information provided is complete, true and correct, and that this information is submitted in support of and as part of this application. By signing below, the undersigned agrees to the terms and the conditions set forth in the Bank which will be forwarded to the undersigned with approval of the application. The undersigned hereby authorize(s) to obtain personal, consumer, and/or business reports in their names as individuals at any time the company is a corporation, this Application must be completed or signed by the Chairman of the Board, the President or any Vice President.

TERMS

CREDIT POLICY

All Accounts are Net 30 Days.

Accounts overdue will be assessed a late charge of 1.5% per month.

Accounts 30+ days are subject to a hold. Accounts over 90 days will be turned over for collection.

GUARANTEE

The undersigned jointly and severally unconditionally absolutely and irrevocable guarantee(s) and promises to pay DRSA on demand, all indebtedness of the company named above at any time owing under the company's indebtedness.

Officer's Signature: _____ **Title:** _____
Print Name: _____ **Date:** _____

By signing this application, you are authorizing the bank to release the necessary information for the purpose of establishing credit with our company. This application is intended for corporations only. Credit cards and prepay are available to all other customers. Omission of any box may delay or result in the denial of credit being granted.

Guarantor Signature: _____ Print Name: _____

Guarantor hereby guarantees all obligations to Daniel R. Smith & Assoc. Inc. Whether past, present, or future, including any modifications or extension thereof. Acknowledging that credit would not be extended to the company absent such continuing and unconditional guaranty.

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT NIKKIE @ 561-842-5704