

## CONFIDENTIAL CREDIT APPLICATION

**Return Fax To:**  
**Rubber Resources, Ltd.**  
**9901 Ideal Lane**  
**Hudson, FL 34667**  
**Fax: 727-869-5110**

**CUSTOMER INFORMATION:**

**BUSINESS FORM AND DATE ESTABLISHED**

Legal Name of Firm: \_\_\_\_\_

Corporation:  SS#  FEIN \_\_\_\_\_

Trade Name: \_\_\_\_\_

Partnership:  SS#  FEIN \_\_\_\_\_

Principal Address: \_\_\_\_\_

Individual:  S.S.# \_\_\_\_\_

\_\_\_\_\_

If Incorporated

City: \_\_\_\_\_

What State? \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Fax No.: \_\_\_\_\_

**LIST PRINCIPALS, ALL PARTNERS OR CORPORATE (INCLUDING FINANCIAL) OFFICERS:**

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

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

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

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

**RECOMMENDED CONTACT FOR FINANCIAL INFORMATION:**

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

Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Please provide a copy of your resale or sales tax exemption certificate if you are a Florida business.  
 \*\*Certificates must be in possession of Rubber Resources, Ltd., for tax exempt status to apply to invoices.

**PRINCIPAL SUPPLIERS:**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact: \_\_\_\_\_

Contact: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact: \_\_\_\_\_

Contact: \_\_\_\_\_

**LIST BANKS AND FINANCIAL INSTITUTIONS WITH WHOM YOU DO BUSINESS:**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact: \_\_\_\_\_

Contact: \_\_\_\_\_

Amount of Credit Line \$ \_\_\_\_\_

Amount of Credit Line \$ \_\_\_\_\_

Account Number: Checking \_\_\_\_\_

Account Number: Checking: \_\_\_\_\_

Loan: \_\_\_\_\_

Loan: \_\_\_\_\_

PLEASE ENCLOSE A COPY OF YOUR FIRM'S LATEST ANNUAL BALANCE SHEET AND RELATED INCOME STATEMENT, AUDITED AND CERTIFIED, OR SIGNED BY A CORPORATE OFFICER OR PRINCIPAL.

The foregoing representations have been made to Rubber Resources, Ltd., for the purpose of obtaining credit for merchandise and material purchases and – to the best of my knowledge – are accurate in all respects.

Signed \_\_\_\_\_

Date: \_\_\_\_\_

Corporate officer or Principal

Printed Name of above \_\_\_\_\_

*PERSONAL GUARANTY*

**THIS PERSONAL GUARANTY CREATES SPECIFIC LEGAL OBLIGATIONS.**

When we use the words you and your in this Personal Guaranty, we mean the Personal Guarantor(s) indicated below. When we use the words we, us, and our in this Personal Guaranty, we mean RUBBER RESOURCES LIMITED.

You agree and consent to the Payment Agreement, that material and freight charges purchased by you from us will be paid in Thirty (30) days immediately after shipment. You agree to the Payment Agreement that if payment is not made within the said time, interest will be due at Eighteen Percent (18%) of entire balance until paid in full. If you issue an insufficient check for payment, payment is demanded in full immediately, along with any bank charges and interest, and said Payment Agreement will no longer be valid.

In consideration of our entering into the Payment Agreement identified above, you unconditionally and irrevocably guarantee to us, our successors and assigns the prompt payment and performance of all obligations of the Customer Identified under the Payment Agreement. You agree that this is a Guaranty of payment and not of collection, and that we can proceed directly against you. You waive all defenses and notices, including those of protest, presentment and demand. If you default under the Payment Agreement, you will immediately perform all obligations under the Payment Agreement, including, but not limited to, paying all amounts due under the Payment Agreement. You will pay to us all expenses (including attorneys' fees) incurred by us in enforcing our rights against you. This is a continuing guaranty which will not be discharged or affected by your death and will bind your heirs and personal representatives. You authorize us or any of our affiliates to obtain credit bureau reports regarding your personal credit, and make other credit inquiries that we determine are necessary.

**THIS PERSONAL GUARANTY IS GOVERNED BY THE LAWS OF THE STATE OF FLORIDA. YOU CONSENT TO THE JURISDICTION OF ANY LOCAL, STATE, OR FEDERAL COURT LOCATED WITHIN THE STATE OF FLORIDA. YOU EXPRESSLY WAIVE ANY RIGHT TO A TRIAL BY JURY.**

\_\_\_\_\_  
Personal Guarantor (no title)    Date

\_\_\_\_\_  
Personal Guarantor (no title)    Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Home Street Address/City/State/Zip

\_\_\_\_\_  
Home Street Address/City/State/Zip

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Telephone Number