



**HOME CENTER**  
 1315 East Main Street, P.O. Box 706  
 Magnolia, AR 71754  
 Phone 870-234-6060 / Fax 234-5754  
 www.sshomecenter.com

**COMMERCIAL CREDIT APPLICATION**

**Date:** \_\_\_\_\_  
**Name of Business:** \_\_\_\_\_ **FID#:** \_\_\_\_\_ - \_\_\_\_\_  
**Address:** \_\_\_\_\_ **P.O. Box:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_  
**Jobsite Location:** \_\_\_\_\_  
**Principal Owner:** \_\_\_\_\_ **SS#:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
**Work Phone:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Home Phone:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
**Email Address (Accounts Payable):** \_\_\_\_\_

We are a: \_\_\_ Corporation (Which state? \_\_\_\_\_ ) \_\_\_ LLC \_\_\_ OTHER \_\_\_\_\_

**The owners (or stockholders) and officials are:**

Name	Address	City	State	%	Position
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-

**Name of Bank:** \_\_\_\_\_ **Contact Person:** \_\_\_\_\_

**Principal Suppliers / Trade References:**

Name	Address	City	State	Phone	Fax
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-

Purpose of this account: \_\_\_\_\_ Monthly Credit Limit requested: \_\_\_\_\_

**Persons authorized to charge to this account:**

- |          |          |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

**Our Terms:** All account balances are due by the 10<sup>th</sup> day of the month following the date of your statement. A **FINANCE CHARGE** computed by a "periodic rate" up to the legal limit, currently 1.4166% per month (equivalent to an **ANNUAL PERCENTAGE RATE** of 17%) will be charged on any portion of the account balance appearing on your monthly statement that is not paid or otherwise credited to your account on or before the due date. Interest rates may fluctuate. In addition, a **LATE CHARGE** of \$5.00 will be applied to past due balance at the time of the statement. Payments with credit or debit cards will be assessed a **TRANSACTION FEE** of 2%.

All information in this application is true and complete to the best of my knowledge. I authorize S&S Home Center to investigate any and all information pertaining to my credit history with previous and current creditors not limited to those listed within the application. This authorization shall remain on file and shall serve as an ongoing authorization for S&S Home Center to procure credit reports at any time during the relationship. I have read and understand the terms of this agreement:

Signature of Officer or Authorized Representative:

**X** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Office Use Only:

Declined: \_\_\_\_\_ Reason: \_\_\_\_\_ Approved: \_\_\_\_\_ Credit Limit: \_\_\_\_\_ by: \_\_\_\_\_



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**PERSONAL GUARANTY OF  
COMMERCIAL CREDIT ACCOUNT**

For value received, the undersigned "Guarantor" hereby unconditionally guarantees and promises to pay to S&S HOME CENTER or its assigns, any indebtedness incurred on or after the date of this Guaranty by \_\_\_\_\_ (the "Debtor") by reason of the purchase from S&S HOME CENTER of any merchandise.

Guarantor agrees that this is a continuing guaranty. This Guaranty shall cover all future indebtedness of the Debtor identified above as contemplated by this agreement and/or any commercial credit applications completed by the Debtor for the extension of credit by S&S HOME CENTER, including indebtedness arising under successive transactions that either continue the liability of the Debtor or, from time to time, renew it after it has been satisfied.

Guarantor waives notice of acceptance of this Guaranty and waives diligence on the part of S&S HOME CENTER in collection of the indebtedness. S&S HOME CENTER shall have the privilege of granting such renewals and extensions as it may deem proper. Guarantor expressly waives notice of nonpayment, protest, and notice of protest with respect to indebtedness covered by this Guaranty. Guarantor also agrees that it shall not be necessary for S&S HOME CENTER to enforce payment by Debtor of the indebtedness, to first institute suit, or to pursue to exhaust remedies against the Debtor or against any other security that Debtor may have.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Signature: \_\_\_\_\_

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

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

City, St, Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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