

Straughn Communications, LLC. Credit Application

(Please Print)

Exact Business Name	Phone Number	Years in Business
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Billing Address	City	State	Zip
Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> Corporation State Of <input type="checkbox"/>			

Parent/Affiliated Co.	Type of Business
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Name of Principal(s)	Title	Social Security No. (if Proprietor or Partner)
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Trade References: (four required)

Name	Address	Contact	Phone
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Name	Address	Contact	Phone
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Name	Address	Contact	Phone
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Name	Address	Contact	Phone
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Primary Bank Reference:

Name	Address	Account Number
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X

Bank Officer	Phone	I hereby authorize release of all bank information to Straughn Communications (Principal's Signature)
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The undersigned hereby agrees:

- 1) If legal action is required to recover the applicant's debt, Straughn Communications will be entitled to recover its attorney's fees and court costs.
- 2) To pay for all purchases from Straughn Communications in accordance to Straughn Communications terms and to pay a service charge of not more than 1 1/2 percent per month on past due balances. Your most recent financial statement is required to expedite processing of the application.

X

Signature	Title	Date
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PERSONAL GUARANTY

That, as individuals and not as partners, shareholders, officers, directors, employees, or authorized representatives, we, the undersigned and each of us, in consideration of any and all credit granted by seller to any entity which we own or represent, hereby, jointly and severally, guaranty prompt payment when due on any and all indebtedness now due or which may hereafter become due from said entity to seller, however created, or arising, or evidenced. This shall be a continuing guaranty and shall not be revocable except upon actual receipt by seller of written notice that we, or any of us revoke said guaranty as to transactions subsequent to the date such notice is received and, in such event, we shall continue to be responsible for any and all transactions which occurred prior to the date seller actually received said notice, including all costs of collection and attorney's fees if this account is placed in the hands of an attorney or collection agency.

X	X
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Signature	Signature
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X	X
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Spouse Dated this _____ day of _____ 19____	Spouse Dated this _____ day of _____ 19____
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Notary Public	Notary Public Straughn Communications, Inc.
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Sales Representative	Date	Sales Manager
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