



John S. Hyatt & Associates, Inc.

420 Alabama Ave.
Grand Rapids, MI 49504
616.451.9245
616.451.2813 fax
800.466.9245

122 State St., Suite 304
Madison, WI 53703
608.280.0985
608.280.0991 fax
800.414.7543



Credit Application

Basic Information

Business Name:

Trade Name or DBA:

Mailing Address: Phone:

City: State: Zip: Fax:

Shipping Address: Email:

City: State: Zip: WWW:

Year Started: Tax Exempt # (enclose appropriate documentation):

Federal Tax ID #: State of Incorporation: Year Business Started:

D & B #: Tax Exempt # (enclose appropriate documentation):

Description of Business:

Type of Business: Corporation: Partnership: Sole Proprietorship: LLC: Other

Annual sales volume: Number of employees:

Amount of credit requested: Estimated opening order: Anticipated monthly volume:

Has applicant or principal ever filed a voluntary petition in bankruptcy? Yes No Year

Has a tax lien been filed against applicant or principal within last six months? Yes No Year

Do you use purchase orders: Yes: No:

Name of persons authorized to make purchases or sign purchase orders:

Accounts payable contact: Phone: Email:

Information on Officers/Owners

Name: Title:

Address: Home Phone:

City: State: Zip: \*SS #:

Name: Title:

Address: Home Phone:

City: State: Zip: \*SS #:

Name: Title:

Address: Home Phone:

City: State: Zip: \*SS #:

\* Required if partnership or sole proprietorship

**Property Information**

Owned: \_\_\_\_\_ Year Purchased: \_\_\_\_\_ Value: \_\_\_\_\_ Mortgage Amount: \_\_\_\_\_  
Rented: \_\_\_\_\_ Lease Expires: \_\_\_\_\_ Landlord: \_\_\_\_\_

**Banking Information**

Bank Name: \_\_\_\_\_ Checking Acct. #: \_\_\_\_\_  
Address: \_\_\_\_\_ Savings Acct. #: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Account Officer: \_\_\_\_\_

**Trade References** (preferably within the entertainment industry)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Account #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Account #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Account #: \_\_\_\_\_

**Conditions of Sale**

In consideration of John S. Hyatt & Associates, Inc. extending credit to the Applicant, the Applicant agrees to pay for all items delivered to, or at the request of, the Applicant in accordance with the terms of the invoice: Any invoice unpaid on the last day of the month in which it is due will be subject to a 1-1/2% monthly service charge, and an additional 1-1/2% service charge (annual percentage rate 18%) will be due every thirty (30) days thereafter. A waiver of any one or more service charge(s) shall not be deemed to be a waiver of any future service charge(s). Applicant further agrees that with regard to such service charges, the Applicant and John S. Hyatt & Associates, Inc. are parties to a written contract. Should it become necessary to place the account with a collection agency or attorney, the Applicant agrees to pay all collection costs and attorney fees in addition to the other sums due. No returns without prior authorization. A 25% restocking fee may be assessed on returned merchandise. A fee of \$25 will be assessed on all returned checks. Applicant, in signing this application, also authorizes the above listed banking and trade references as well as credit bureaus to respond to credit inquiries regarding Applicant's account. Applicant warrants the information set forth in this application is accurate and complete. Applicant shall notify John S. Hyatt & Associates, Inc. in writing at least thirty (30) days prior to any change of ownership, which notice shall include a complete credit application from new owner. John S. Hyatt & Associates, Inc. may, regardless of the terms stated on the invoices, require all outstanding amounts be paid in full on demand upon change in ownership. Faxed documents will be deemed as originals. All transactions will be governed by the laws of Michigan and Wisconsin. John S. Hyatt & Associates, Inc. reserves the right to alter or suspend credit at any time.

Understood and Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

**Personal Guarantee**

The individual by signing this credit application is executing this application on behalf of Applicant and personally guarantees, and agrees to be personally liable for failure of the performance by Applicant of, any and all of Applicant's obligations under this application with John S. Hyatt & Associates, Inc. The personal guarantee also applies in the event that the Applicant declares bankruptcy or applies for bankruptcy protection.

Guarantor Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Guarantor Name: \_\_\_\_\_ SS #: \_\_\_\_\_  
Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_