



John S. Hyatt & Associates, Inc.
 420 Alabama Ave.
 Grand Rapids, MI 49504
 616.451.9245
 616.451.2813 fax
 800.466.9245



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: _____