



## New Account / Credit Agreement

Skudo, LLC.  
11120 Zodiac Ln  
DALLAS TX 75229  
P (972) 993-0777 F (972) 993-0700

Please complete and send to [accounts@skudousa.com](mailto:accounts@skudousa.com) or fax to (972) 993-0700 Attn: Credit Dept.

### Company Information

Name: \_\_\_\_\_ Federal Tax ID: \_\_\_\_\_  
Address: \_\_\_\_\_ D&B #: \_\_\_\_\_  
City: \_\_\_\_\_ Phone #: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Country: \_\_\_\_\_ Email: \_\_\_\_\_  
Nature of Business: \_\_\_\_\_ Date Established: \_\_\_\_\_  
Corporate/Head Office Address (if different than above): \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ Phone # \_\_\_\_\_  
Former Business Address (if applicable): \_\_\_\_\_  
Does State, County, or City require a License? Yes \_\_\_ No \_\_\_ License # \_\_\_\_\_  
No. of Employees: \_\_\_\_\_ Est. Annual Sales: \$ \_\_\_\_\_  
Estimated Monthly Credit Requirements: \$ \_\_\_\_\_

### Invoicing Information:

**Mailing Name & Address** (If different than above):

Name: \_\_\_\_\_ Accounts Payable Contact: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone#: \_\_\_\_\_  
City: \_\_\_\_\_ Fax #: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_  
Country: \_\_\_\_\_ Billing Requirements: \_\_\_\_\_

**Status of Paying Organization:**

Please indicate the status of your organization by checking all appropriate boxes:

Tax Exempt Project

Project Name & Location: \_\_\_\_\_

Non-profit organization.

My organization's tax exempt number is: \_\_\_\_\_

***Please include a copy of your exemption certificate when submitting this application.***

**Principal Owners – Stockholders – Partners – Officers of Company:**

**OWNERSHIP:**  Corporation  Proprietorship  Partnership  LLC, LLP

\_\_\_\_\_  
(Name of Principal) (Mailing Address) (Title)

\_\_\_\_\_  
(Name of Principal) (Mailing Address) (Title)

\_\_\_\_\_  
(Name of Principal) (Mailing Address) (Title)

\_\_\_\_\_  
(Name of Principal) (Mailing Address) (Title)

**Bank Reference:**

Bank Name: \_\_\_\_\_ Banking Official: \_\_\_\_\_

Address: \_\_\_\_\_ Type of Account: \_\_\_\_\_

City: \_\_\_\_\_ Bank Account #: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

Country: \_\_\_\_\_ Fax #: \_\_\_\_\_

**Trade References (Two Required):**

1. Business Name: \_\_\_\_\_ 2. Business Name: \_\_\_\_\_

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

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

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

Country: \_\_\_\_\_ Country: \_\_\_\_\_

Phone #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_ Fax #: \_\_\_\_\_

# Credit Agreement

**Note: The Credit Agreement MUST BE SIGNED in order to process the credit application**

Has the firm or any of its principles ever been bankrupt?  Yes  No

If yes, please explain \_\_\_\_\_

Any misrepresentation in this Agreement will be considered evidence of fraud, since this information is the basis for the extending of credit. As an inducement to grant credit, the undersigned warrants that the information submitted is true and correct. Skudo LLC is authorized to investigate the credit references and principles listed.

In consideration for the extension of credit, said business promises to pay for all purchases within the terms agreed that being 30 days from the date of the invoice, or COD and agrees to pay a service charge per month of 1-1/2% per month (18% annual percentage rate) on all past due balances. In the event that any third parties are employed to collect any outstanding monies owed by said business the undersigned agrees to pay reasonable collection costs, including attorney fees, whether or not litigation has commenced, and all costs of litigation incurred. The undersigned represents that he/she has the authority to execute this credit agreement on behalf of the business identified.

\_\_\_\_\_  
(Name of Business)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Signature)

## PERSONAL GUARANTEE

In consideration for Skudo LLC extending credit to the business identified below for any materials and/or services after this date at the request of applicants or its agents, the undersigned individual hereby personally guarantees unconditionally and irrevocably the prompt payment of any sums now or hereafter owed to Skudo LLC. by the business identified below whether said sums are due under open account, contract or otherwise.

It is understood and agreed that credit, if extended, is to be on a continuing basis and may exceed estimated maximum credit limit required as stated in the credit agreement between Skudo LLC. and the business. Skudo LLC shall not be obligated to notify the undersigned of the dates or amounts of any such credit and the undersigned waive demand, notice of default and any extension of time or any other forbearance, which may be extended by Skudo LLC.

This guarantee shall continue in force until notice in writing, sent by registered or certified mail, return receipt requested is received by Skudo LLC. Said notice shall specify the date on which this guarantee is to be terminated; said date not to be less than seven days after such notice is received. Such termination shall in no way release the undersigned as to any sum or debt incurred prior to such termination.

Date \_\_\_\_\_ Name: \_\_\_\_\_  
(Name of person guaranteeing payment, **NO TITLE**)

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

Home Phone #: \_\_\_\_\_

Signature of person guaranteeing payment: \_\_\_\_\_

Name of business whose account is guaranteed: \_\_\_\_\_

### CREDIT DEPARTMENT USE ONLY

Line of Credit Approved / Denied Amount \$ \_\_\_\_\_ Date: \_\_\_\_\_

# CREDIT RELEASE AUTHORIZATION

**The Credit Release Authorization MUST BE SIGNED in order to process the credit application**

For the purpose of obtaining merchandise on credit, I authorize

Your Bank Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Account Number \_\_\_\_\_

To release credit information to:

**Skudo LLC.  
11120 Zodiac Lane  
DALLAS TEXAS 75229  
(972) 993-0777**

As an inducement to grant credit, the undersigned agrees to the need for verification of all information on this agreement and authorizes and releases all banks, businesses and persons identified on this agreement to furnish any and all information requested by Skudo LLC or its representative, by telephone or written correspondence.

The undersigned warrants that the information is true and correct.

As an inducement to grant credit, the undersigned agrees to **Skudo LLC's** right to obtain the credit history of the undersigned and authorizes the release of such information by signature here.

Signature \_\_\_\_\_

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

Title \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

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

Title \_\_\_\_\_

Date \_\_\_\_\_