



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 hayley@skudousa.com or fax to (972) 993-0700 Attn: Credit Dept.

Company Information * Required Field

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: _____

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 _____