



### Firm Information

Firm Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Type of Firm:  Corporation  Partnership  Proprietorship      Number of Year in Business: \_\_\_\_\_

Name of Officers, Partners, and/or Owners: \_\_\_\_\_

Person responsible for Accounts Payable \_\_\_\_\_ E-mail address: \_\_\_\_\_

### Bank Information

\*In order to expedite processing please make sure an email address is included

Bank Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Checking Account Number: \_\_\_\_\_

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

Person to Contact: \_\_\_\_\_ Email Address: \_\_\_\_\_

### Business References

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Person to Contact: \_\_\_\_\_ Account #: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Person to Contact: \_\_\_\_\_ Account #: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Person to Contact: \_\_\_\_\_ Account #: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Person to Contact: \_\_\_\_\_ Account #: \_\_\_\_\_ Email: \_\_\_\_\_

SOLELY FOR THE PURPOSE OF ASSESSING THIS APPLICATION FOR CREDIT, APPLICANT GIVES PERMISSION TO AURORA TO OBTAIN VERIFICATION AND THE STATUS OF THE APPLICANT'S FINANCIAL ASSETS THROUGH THE ABOVE LISTED REFERENCE(S). THE APPLICANT AGREES TO PAY FORMETCO'S COLLECTION AND LEGAL EXPENSES INCURRED IF FULL REMITTANCE IS NOT MADE WITHIN ESTABLISHED PAYMENT TERMS.

\_\_\_\_\_

Date Signed      Federal Tax ID #      Signature of Officer of Applicant Corp.      Please Print Name

### PERSONAL GUARANTEE

THE UNDERSIGNED PERSONALLY GUARANTEES PAYMENT OF ALL INDEBTEDNESS NOW DUE OR WHICH MAY BECOME DUE BY APPLICANT TO AURORA

\_\_\_\_\_

Date Signed      Social Security #      Signature of Individual Guarantor  
Must be an officer of the corporation      Please Print Name

THE APPLICANT AND INDIVIDUAL GUARANTOR AGREE THAT ANY DISPUTE ARISING OUT OF THE FAILURE OF APPLICANT TO PAY ANY INVOICE OR BILL TO AURORA WILL BE GOVERNED BY THE LAWS OF THE STATE OF GEORGIA AND THAT AURORA MAY ENFORCE ITS RIGHTS AGAINST APPLICANT, INDIVIDUAL GUARANTOR, OR BOTH ARISING OUT OF SUCH FAILURE IN ANY COUNTY IN THE STATE OF GEORGIA.