



Hot Springs 501-760-5000

Corporate Office Hot Springs 501-321-1231

Benton / Malvern / Hot Springs 501-321-9922
Morrilton / Pine Bluff

APPLICATION FOR CREDIT

For Consideration, All information MUST be completed. Minimum of 3 business days required to process Business Application.

Company Name: or Individual	<input type="text"/>	Tax I.D. #	<input type="text"/>
--------------------------------	----------------------	------------	----------------------

Billing Address:	<input type="text"/>	Physical Address:	<input type="text"/>
<input type="text"/>		<input type="text"/>	
<input type="text"/>		<input type="text"/>	

Business Phone:	<input type="text"/>	Fax:	<input type="text"/>
Mobile:	<input type="text"/>	Accounts Payable Contact:	<input type="text"/>

Bank Name:	<input type="text"/>	Acct #	<input type="text"/>
------------	----------------------	--------	----------------------

Do you wish to pay by ACH?	Yes <input type="checkbox"/>	NO <input type="checkbox"/>	Routing #	<input type="text"/>
----------------------------	------------------------------	-----------------------------	-----------	----------------------

Is AR Sales Tax to be charged?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If no, please attach sales tax permit.
--------------------------------	------------------------------	-----------------------------	--

Trade References:

	Name:	Address:	Fax:	Phone:
1>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Personal References:

	Name:	Address:	Fax:	Phone:
1>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Agreement of Terms: Our terms are strictly: NET 30 DAYS (Falk, AWI, TS) from the date of invoice. A finance charge up to 1.41% per month will be assessed on accounts reflecting an unpaid balance of 30 days or older. If purchaser fails to fulfill the payment terms in all respects, then Falk/AWI/TS may (1) decline or suspend future purchases (2) make future purchases only upon receipt of cash; and/or (3) institute legal proceedings to collect the unpaid balance due. Should Falk/AWI/TS deem it necessary to institute legal proceedings to collect the sums due under this agreement, purchaser agrees to pay all costs of collection, including Falk's/AWI's/TS's reasonable attorney's fees.

Authorization to Obtain Credit:

I hereby grant permission to obtain any and all information deemed necessary to process this credit application. This information includes but is not limited to past and present employment status, verification of deposit accounts, past and present consumer credit record, mortgage and rent payment record. I also grant you permission to use a photographic copy of this form containing my signature to obtain information regarding the terms mentioned above. This authorization will remain in effect for the duration of the open account.

Consent to Jurisdiction Venue:

By executing this agreement the applicant agrees to submit any dispute to the jurisdiction and venue of the Courts of Garland County, Arkansas. The parties further agree that this agreement shall be constructed pursuant to the laws of the State of Arkansas.

Applicant Signature: _____ Date: _____

Please list your email address if you would like to have your statements and invoices emailed to you. This method will allow you to have your statement and invoices the very first day they are billed instead of 4-5 days after they are mailed. Email Address: _____

Personal Guarantee

For good and valuable consideration, and to induce Falk Supply Company/AWI/TS, to allow applicant to transact an open account; I unconditionally and individually guarantee the payment of the amounts owed to Falk Supply/AWI/TS by the applicant. Such guarantee shall apply to all debts until such time that my guarantee is withdrawn by certified mail to Falk Supply Company/AWI/TS, but such withdrawal shall not apply to obligations owed at such time. I also agree that all other terms of the account obligations will apply to me including, but not limited to, authorization to obtain credit and consent to jurisdiction and venue in the county and state of purchase.

Signature:	<input type="text"/>	Phone:	<input type="text"/>
Name:	<input type="text"/>	Social Security #:	<input type="text"/>
Address:	<input type="text"/>	City, State, & Zip:	<input type="text"/>

To Be Completed by Sales Associate

Home Branch: _____ Driver's License # (Get Copy of DL) _____

Associate Requesting Credit Check: _____ Amount of Credit requested: _____

Updated 11-01-2023 PLEASE EMAIL TO: (FALK OR TS) AR@FALKSUPPLY.COM (AWI) AR@AWISUPPLY.COM OR FAX TO 501-321-4015
OR MAIL TO KDC, LLC, P O BOX 1329, HOT SPRINGS, AR 71902

DEPOSIT PER CYLINDER \$100 \$50