## DUNBROOKE 243 NW EXECUTIVE WAY LEE'S SUMMIT, MO 64063 APPLICATION FOR CREDIT

				DUNBROOKE FAX 816-795-0321
Dunbrooke Account Number				No. of Years at this address
Name of firm or individual				
				Date Business Started
Address				Telephone
				Fax
City, State, Zip Code				E-mail address
Send all invoices/statements by	fax		and/or email	
Check here if you prefer ALL ord	ers to ship via	] C.O.D.	Credit Card*	
The following information must b		and will be I Individual		onfidence rated within last 12 months
Name(s) of Principal(s)	Address			Phone
FINANCE				Phone
Bank	Bank Address			Fax
Bank officer of department	Acct. #			
REFERENCES				
1. Business name	Address			Phone
				Fax
2.	City, State, Zip	o Code		Phone
Business name	Address			
	0.11 01 1 7	<u> </u>		Fax
3.	City, State, Zip	Code		Phone
Business name	Address			Fax
	City, State, Zip	Code		
4. Business name	Address			Phone
				Fax
	City, State, Zip	o Code		

We certify that all the information on this form is correct, and that we fully understand your credit terms and agree to the proper payment in consideration of extended credit. Applicant agrees to pay all collection expenses including reasonable attorney fees if the need should arise. Dunbrooke is authorized to report current credit history to credit agencies.

Date
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\_\_\_\_\_ 20 \_\_\_\_\_

(signed) (title) To induce Dunbrooke to extend new or continued credit to the business named below, and in consideration thereof, the undersigned hereby personally guarantee(s) and promises(s) to pay to Dunbrooke on demand any and all obligations of said business to Dunbrooke.

This guarantee is continuing and irrevocable. The undersigned hereby waive(s) notice of the acceptance of this guarantee, default and non payment. The undersigned agree(s) to pay Dunbrooke all collection costs and attorney's fees incurred to collect the obligations of said business to Dunbrooke or enforce any rights of Dunbrooke under this guarantee.

In the event this guarantee is signed by more than one individual, the obligations of the undersigned shall be joint and several.

Name of Business

Date\_\_\_\_\_

Individually \_\_\_\_\_

Individually \_\_\_\_\_

Individually \_\_\_\_\_