



Allredi Holdings, LLC

Corporate Office Address: 3009 Pasadena Freeway, Suite 100, Pasadena, TX 77503

Remit To Address: 3425 E Locust St, Davenport, IA 52803

Phone: 281-930-0808 * Fax: 281-930-0813

Please return via email to receivables@apecompanies.com or fax to 888-519-6122

Credit Application

Business Name _____ Line of Credit Requested \$ _____

D/B/A _____ Federal Tax ID# _____

Phone (____) _____ Fax (____) _____ Website _____

Billing Address _____ For Past _____ years

Billing E-mail _____ Please choose billing delivery type: E-mail or Mail

Accounts Payable Contact & E-mail _____

Physical Address _____

Type of Business _____ Date Established _____ How long in Business _____

Mortgage holder/Landlord _____

Address _____ Phone # _____

Tax Exemptions (please provide copies upon return) _____

Does State, County, or City require a License? Yes No If Yes, License # _____

OWNERSHIP: Sole Proprietorship Partnership Corporation LLC

PRINCIPAL: _____
(NAME) (Title) (SS#)

PRINCIPAL: _____
(NAME) (Title) (SS#)

PRINCIPAL: _____
(NAME) (Title) (SS#)

TRADE REFERENCES:

VENDOR NAME	ADDRESS	PHONE #	E-MAIL OR FAX # (REQUIRED)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



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BANK REFERENCES:

_____	_____	_____	_____
(Name)	(Address)	(Acct #)	(Contact Name & Phone #)
_____	_____	_____	_____
(Name)	(Address)	(Acct #)	(Contact Name & Phone #)

No. of Employees _____ Est. Annual Sales _____ Sales Area _____

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

If Yes, explain _____

Any misrepresentation in this application 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. You are 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 as Net 30 Days and agrees to pay a service charge per month of 1-1/2% per month (18% annual percentage rate) on all past due balances. Allredi Holdings, LLC and its affiliates reserves the right to hold orders with past due accounts unless payment arrangements are in place. Customer agrees to pay a \$25.00 fee assessed on all returned checks on account. Discounts, if any, will be indicated on the invoice and are subject to review pending payment date/receipt date.

In the event 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)	(Date)	
_____	_____	_____
(Print Name)	(Title)	(Signature)
_____	_____	_____
(Print Name)	(Title)	(Signature)



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Personal Guarantee

In consideration for Allredi Holdings, LLC and its affiliates, 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 Allredi Holdings, LLC and affiliates 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 Allredi Holdings, LLC and affiliates and the business. Allredi Holdings, LLC and affiliates shall not be obligated to notify the undersigned of the dates or amounts of any such credit and the undersigned waives demand, notice of default and any extension of time or any other forbearance which may be extended by Allredi Holdings, LLC and affiliates.

This guaranty shall continue in force until notice in writing, sent by registered or certified mail, return receipt requested is received by Allredi Holdings, LLC and affiliates. Said notice shall specify the date on which this guaranty 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 # _____ SS# _____

Signature of person guaranteeing payment _____

Name of Business whose account is guaranteed _____

CREDIT DEPARTMENT USE ONLY

Date: _____ Location: _____ Salesperson: _____

Line of Credit Approved / Denied _____ Amount \$ _____

Comments: _____

Approved: _____