

Bally[®] CREDIT APPLICATION

Please fill out this form, adding any comments or questions, and
 Email it to **credit@ballync.com**
 Fax it to **(252) 240-2281**.

If you have any questions call **1-800-24BALLY**. Thank you for your interest in Bally.

Billing Name:			
Address:			
City:		State:	Zip:
Phone:	Fax:	Email:	
Business Name:			
Owner/Principal Name:			
D&B #:			
TRADE REFERENCES: All information must be completed before processing.			
1.	Name:		Account #:
	Address:		
	City:		State: Zip:
	Phone:	Fax:	Email:
2.	Name:		Account #:
	Address:		
	City:		State: Zip:
	Phone:	Fax:	Email:
3.	Name:		Account #:
	Address:		
	City:		State: Zip:
	Phone:	Fax:	Email:
BANK REFERENCE:			
	Name:		Account #:
	Address:		
	City:		State: Zip:
	Phone:	Fax:	Email:

Account #:
Business Type (<i>Choose one</i>): <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> Contractor <input type="checkbox"/> Industrial <input type="checkbox"/> Other (<i>specify</i>)
Operated under present ownership since:
Product/Service Rendered:
Number of employees:
PERSON TO CONTACT REAGUARDING:
Purchases: _____ Phone: _____ Email: _____
Payments: _____ Phone: _____ Email: _____
Sales Tax Status: <input type="checkbox"/> Exempt If tax exempt please include a signed tax exemption certificate. <input type="checkbox"/> Not Exempt A copy must be on file or tax will be charged.
THE FOLLOWING TERMS OF SALE ARE AGREED TO AND ACCEPTED
<ol style="list-style-type: none"> 1. Standard terms of Net 30 from the date of invoice applies on all purchases unless otherwise noted on our invoice. The net amount is due within 30 days from date of invoice. 2. To any invoice not paid in accordance with its terms, there shall be added thereto, a late charge at the rate of 2% per month, or the maximum rate permitted by law if less than 2% per month, on the unpaid balance for each month, or fraction of a month, that such balance remains unpaid. 3. In the event of default in payment, and our account is placed with a collection agency or attorney we agree to pay all costs of collection. If our delinquent account is placed with an attorney, we agree to pay all costs incurred in collecting together with attorney's fees in an amount equal to 25% of such unpaid balance, or the maximum amount by law if less than 25%.
Signature: _____ Date: _____ Print Name: _____ Title: _____
PERSONAL GUARANTEE
<p>The undersigned, jointly, severally and personally, in consideration of your extending credit to the application, do hereby agree to pay for all goods sold to applicant, and in the event of default by applicant, you shall be entitled to look to us for payment without prior demand or notice and without first having attempted to collect from applicant. In the event you engage the services of an attorney to collect any sum of money due hereunder, or to enforce or defend your rights hereunder, you shall be entitled to collect reasonable attorney's fees from the undersigned. The undersigned agree to give you written notice by Certified Mail in the event of any change in ownership of applicant's business of the form of applicants' business organization.</p>
Signature: _____ Date: _____ Print Name: _____