

APPLICATION FOR ACCOUNT

Firm Name

Trade Style

Billing Address: Street or P. O. Box

City County State ZIP

Shipping Address: Street

City County State ZIP

Phone Fax

Email: _____

Date established under present ownership: _____

Proprietorship Partnership Corporation

If proprietorship, please furnish the following:

Owner's Name

Owner's Home Address

City County State ZIP

Social Security Number:

Home Phone Number:

Is your business located within the city limits? Y N (circle one)

Full Line Dealer eCommerce Dealer

NOTE: "S. P. Richards Co. will not transact business on any basis with a customer whose primary business location is a residence. Customers are required to maintain a separate primary physical address for the purpose of conducting business. Failure to comply with this requirement will justify termination of relations."

PARTNERS OR OFFICERS:

1. _____	2. _____	3. _____
Name	Name	Name
_____	_____	_____
Title	Title	Title

BANK REFERENCE:

Bank Branch Lending/Account Officer - Name & Phone #

Address - Street City State ZIP

Loan Acct. # Checking Acct. # (Commercial) Checking Acct. # (Personal)

PRINCIPLE SUPPLIERS: (Must include full address & telephone number)

1. _____	_____	_____	_____
Name	Address	City, State, ZIP	Phone
2. _____	_____	_____	_____
Name	Address	City, State, ZIP	Phone
3. _____	_____	_____	_____
Name	Address	City, State, ZIP	Phone
4. _____	_____	_____	_____
Name	Address	City, State, ZIP	Phone
5. _____	_____	_____	_____
Name	Address	City, State, ZIP	Phone

Please indicate anticipated monthly purchases from S. P. Richards/Horizon _____ SPR Account Number:

_____ less than \$1,000	_____ \$5,000 - \$10,000	_____ \$25,000 - \$50,000	_____ \$100,000 - \$150,000	_____ \$200,000 - \$300,000
_____ \$1,000 - \$5,000	_____ \$10,000 - \$25,000	_____ \$50,000 - \$100,000	_____ \$150,000 - \$200,000	_____ more than \$300,000

FINANCIAL STATEMENT or completion of reverse side required. NOTE: New businesses must submit a financial statement prepared by an accountant. If this is not available, a personal Financial Statement will be required.

"If the customer is a sole proprietorship or partnership which subsequently incorporates, the customer will provide such notice, by certified mail, return receipt requested, to the Credit Dept. of S. P. Richards Co., 6300 Highlands Parkway, Smyrna, GA 30082. The customer acknowledges that notice given to the Sales Dept. of S. P. Richards Co. will not be sufficient."

Should it become necessary to place the account with a collection agency or attorney, the Applicant agrees to pay all collection costs and attorney fees in addition to all other sums due. The undersigned warrants that the above agreement has been carefully read and that Applicant understands the same.

SIGNED: _____ TITLE: _____ DATE: _____

Authorized Agent, Officer or Owner

STATEMENT OF FINANCIAL CONDITION AT: _____, 20_____

Proforma / New Business Owners Estimate Accountant's Statement

ASSETS	Dollars	Cents
Cash in Bank		
Accounts Receivable		
Notes Receivable		
Merchandise Inventory		
Other Current Assests		
TOTAL CURRENT ASSETS		
Land & Building (Depreciated Value)		
Furnitre & Fixtures (Depreciated Value)		
Equipment		
Due From Others - Not Current (Describe)		
Other Assets (Describe)		
TOTAL ASSETS		

LIABILITIES	Dollars	Cents
Accounts Payable to Trades		
Notes Payable - Unsecured		
Bank		
Partners or Officers		
Others		
Notes Payable - Secured		
Bank		
Others		
Accured Expenses		
Taxes Payable		
Other Current Liabilities (Describe)		
TOTAL CURRENT LIABILITIES		
Long Term Liabilities (Due after 1 year)		
Bank Loan Secured		
SBA Loan Secured		
Other (Itemize)		
TOTAL LIABILITIES		
Capital Stock		
Retained Earnings		
Net Worth		
TOTAL CAPITAL AND LIABILITES		

SUMMARY STATEMENT OF INCOME

NET SALES _____ FROM: _____ TO: _____
 COST OF SALES _____
 GROSS PROFIT _____
 LESS EXPENSE _____
 NET PROFIT (Loss) _____

To the best of my knowledge, the above figures represent a true and accurate statement of financial condition.

 SIGNATURE TITLE

FOR OFFICE USE ONLY - DO NOT WRITE IN THIS SPACE

CREDIT CODE: _____

BY: _____
 Credit Manager

BY: _____
 Corporate Credit Manager