



P.O. Box 711 * 509 N. Pine Street

Brady, Texas 76825

PH. (325) 792-0102 * Fax (325) 597-2896 * Toll Free (800) 782-5109

CREDIT APPLICATION INFORMATION

Name of Account _____

Current Mailing Address _____ City _____ State _____ Zip _____

Home Ph# _____ Work Ph# _____ Cell# _____

SS# _____ DL# _____ Tax ID# _____

REFERENCES:

Bank _____ Acct# _____ Ph# _____

Bank Address _____ City _____ State _____ Zip _____

Business Reference _____ Ph# _____

Address _____ City _____ State _____ Zip _____

Business Reference _____ Ph# _____

Address _____ City _____ State _____ Zip _____

CREDIT ACCOUNT DISCLOSURE STATEMENT

All charge accounts are due and payable by the 15th of the month. Past due accounts will be assessed at an interest rate equal to the periodic rate. The periodic rate is (1 ½%) per month which is an annual percentage rate of (18%).

This contract is executed in McCulloch County, TX on the _____ day of _____ 20_____.

Customer Name: _____

Surefed, LTD Representative: _____



AUTHORIZATION FOR RELEASE OF CREDIT INFORMATION

Date _____

To _____

The undersigned has made application to Surefed, LTD (hereinafter called "Surefed") for a commercial credit line, and hereby authorizes Surefed to obtain from any credit reporting agency any credit report relating to the undersigned which Surefed may deem necessary for evaluating the commercial line requested by the undersigned.

The undersigned hereby authorizes any bank, or other lender or grantor of credit, to provide Surefed information regarding the character, reputation, financial responsibility and indebtedness of the undersigned as requested by Surefed for the purpose of evaluating the commercial credit request of the undersigned.

The undersigned hereby releases Surefed and any lender or grantor of credit from any and all claims or causes of action that may arise or which he might have by reason of information furnished Surefed by a credit reporting agency or by a bank or other lender of grantor of credit.

Signature _____