

# FAR FROM NORMAL

*Sign, Graphic & Equipment Supply*



**WWW.FAR-FROM-NORMAL.COM**

## CREDIT APPLICATION

Name of Business: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-Mail \_\_\_\_\_

Business Owner: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Date Opened: \_\_\_\_\_

Tax ID Number: \_\_\_\_\_

### Bank Information

Name of Bank: \_\_\_\_\_

Contact: \_\_\_\_\_

Address of Bank: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

**ND - Corporate Office**  
1318 39<sup>th</sup> St. NW  
Fargo, ND 58012  
800-877-1907  
800-332-1174 (Fax)

**SD Branch**  
705 North Derby Lane North  
Sioux City, SD 57049  
1-877-433-6336  
605-780-0211 (Fax)

**KS Branch**  
212 South Hydraulic  
St. Suite 100  
Wichita, KS 67211  
316-440-2892  
316-440-2894 (Fax)

Credit References

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Have you ever filed for Bankruptcy?                      Yes                      No  
If yes, explain: \_\_\_\_\_

Are you a defendant in a legal action?                      Yes                      No  
If yes, explain: \_\_\_\_\_

Have you ever guaranteed any other debt?                      Yes                      No  
If yes, explain: \_\_\_\_\_

Have you ever had any item repossessed?                      Yes                      No  
If yes, explain: \_\_\_\_\_

I do hereby certify that the above information is true and correct to the best of my knowledge.  
Print Name and Title: \_\_\_\_\_

Signature Required: \_\_\_\_\_

Date: \_\_\_\_\_

**Net 30 Terms and Conditions**

- All purchases are Net 30 day's terms. We accept check, cashier's check, money order, cash, or credit card.
- If using a credit card for your purchase(s), they must be processed at the time of purchase or a 3% convenience fee will be assessed.
- A 1.5% (18% APR) service charge will be assessed to accounts over 30 days past due.
- Shipping charges are nonrefundable and a 25% restocking fee will be charged on authorized returned items.
- Inactive accounts will be closed at Far From Normal Supply, Inc. discretion.

By signing this application, the undersigned agrees to the above-mentioned terms.

Print Name & Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Individual personal guarantee to Far From Normal Supply, Inc.**

I, \_\_\_\_\_,

residing at \_\_\_\_\_,

for and in consideration of your extending credit at my request to

\_\_\_\_\_  
(herein after referred to as the "Company")

of which I am \_\_\_\_\_ (title),

hereby personally guarantee to you the payment at the Far From Normal Supply Inc. location listed on the front of this application, of an obligation of the company. I hereby agree to bind myself to pay you on demand any sum which may become due to you by the Company whenever the Company shall fail to pay the same. It is understood that this guarantee and indemnity for such indebtedness of the Company. I do hereby waive notice of default, nonpayment and notice thereof and consent to any modification or renewal of the credit agreement hereby guaranteed.

In case action is begun by Far From Normal Supply, Inc., to enforce an obligation under this guarantee, the undersigned promises to pay a reasonable attorney's fee in such action. If any reason Far From Normal Supply, Inc., shall institute any suit or action for the enforcement of any obligation by the undersigned including payment of monies owed, the venue of any such suit or action may, at the option of Far From Normal Supply, Inc., be made in the City, State, County; of the branch location indicated on the front of this application.

Print Name and Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Authorization to release information**

The undersigned authorizes Far From Normal Supply, Inc., to contact our creditors, along with trade and bank references for credit information. We further authorize said creditors and references to release our credit information to Far From Normal Supply, Inc. Copies of this authorization are acceptable. Credit information may include a current balance sheet and/or profit and loss statement and is to be considered confidential.

Print Name and Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_