Commercial Billing Service
COMPASS BANK
P.O. BOX 2201
DECATUR, ALABAMA 35609-2201

AUTO/TRUCK/OTHER PRODUCTS
Merchant Name _____
Merchant # _____
Account # _____

Please Print or Type Clearly

Credit Application TO: Russell & Smith And Other Merchants

LEGAL NAME OF BUSINESS _____ Phone: ( ) _____

TRADE NAME OF BUSINESS _____ Fax: ( ) _____

ADDRESS _____ City _____ State _____ Zip _____

BILLING ADDRESS _____ City _____ State _____ Zip _____

Have the Company or its principal owners filed bankruptcy in the last 7 years? ☐ **Yes** ☐ **No**

☐ Corporation ☐ LLC ☐ Sole Owner ☐ Partnership _____

Sole Owners or Partnerships: give owner/partners' name(s) _____

Subsidiaries-Affiliates-Franchises? _____

Was Business purchased from a previous owner? ☐ Yes ☐ No Date Purchased _____

Principal Contact at Company _____ Date Business Started _____

Any prior businesses? ☐ Yes ☐ No Name: _____

Was account with CBS? ☐ Yes ☐ No Name: _____ Account # _____

If Tax Exempt List Sales Tax # _____ Is Purchase Order Required? ☐ Yes ☐ No

Federal Tax ID # _____ **EXPECTED MONTHLY CREDIT REQUIREMENTS FROM COMPASS** $_____

	Name	City/State	Acct. # and Bank Officer	Telephone
Bank I				( )
Bank 2				( )

Four Largest 30 Day, Trade or Credit References:

Name	City/State	Telephone
		( )
		( )
		( )
		( )

The Company applying for credit in this Application ("Company") has requested credit from the merchants listed above and any other merchant collectively, "Merchants") from whom Compass Bank's Commercial Billing Service department ("Compass") may from time to time purchase accounts receivable. Company is furnishing the information and agreements herein solely at the merchant's request to obtain credit from merchants and understands that Compass may refuse to purchase accounts of the Company from any of the merchants at any time without notice to Company or any other party. All parties listed above and, with or without notice to Company, any merchant may receive a copy of this application and all such parties are authorized to release credit information concerning Company to Compass. Company understands that all accounts are due on the 10th day of the calendar month after the calendar month of the statement date. If Compass, after Company's refusal to pay, collects through an attorney any indebtedness related to any merchant account assigned to Compass, the Company shall pay all collection costs, including a reasonable attorney's fee.

SIGNED _____ **TITLE** _____ **Date** _____

PERSONAL GUARANTY

The undersigned jointly and severally and unconditionally guarantee the payment when due of all invoices/accounts purchased by Compass Bank from any Merchant.

SIGNED _____ **Social Security Number** _____ **Date** _____

MAIL TO: Russell & Smith Ford, P.O. Box 20629, Houston, TX 77225-0629 or FAX to (713) 664-0965.
Phone: 713-663-4222 or 800-392-1983