



## APPLICATION FOR CREDIT

Please complete this credit application as thoroughly as possible. This application can be filled out online and then printed for a signature. If you have a preprinted sheet with your information and references, you are welcome to submit it. However, we need to have the name (trade and legal) and address information on page 2 completed and page 3 must be signed by an authorized officer of the company. In consideration of such extension of credit, it is understood that all invoices shall be due and payable in accordance with the terms printed thereon. Fax this application and related documents to (972) 387-4673. The original will need to be mailed to Rmax.

In order to comply with the majority of state and local sales tax law requirements, it is necessary that we have in our files a properly executed resale or exemption certificate for each state to which property is to be delivered for our customers who claim sales tax exemption. **If you are entitled to sales tax exemption, please provide Rmax with copies of your resale or exemption certificates.** If we do not have this certificate, we are obligated to collect the sales tax.

Please note that credit applications are not processed until an order is received.

PLEASE RETURN  
CREDIT APPLICATION TO:

Rmax Operating, LLC  
ATTN: Pam Lewis  
13524 Welch Road  
Dallas, TX 75244

FAX: (972) 387-4673



# CREDIT APPLICATION

TRADE NAME/D.B.A.		LEGAL FIRM NAME		
PARENT COMPANY		TYPE OF BUSINESS	<input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> SOLE PROPRIETORSHIP	
BILLING ADDRESS		CITY	STATE	ZIP
TELEPHONE NUMBER		FAX NUMBER		
PRINCIPLE OFFICER		OTHER (CFO, PARTNER, SPOUSE, ETC.)		
DATE STARTED	# OF YEARS UNDER PRESENT MGMT.	FEDERAL ID #	DUNS #	

### TO BE COMPLETED BY SOLE PROPRIETOR, PARTNERSHIP, NEW CORPORATION:

FULL NAME _____	HOME PHONE _____
HOME ADDRESS _____	NO. YEARS _____
CITY/STATE/ZIP _____	SOC. SEC. NO. _____
FULL NAME _____	HOME PHONE _____
HOME ADDRESS _____	NO. YEARS _____
CITY/STATE/ZIP _____	SOC. SEC. NO. _____

### TRADE REFERENCES

COMPANY	ADDRESS	PHONE/FAX

### BANK REFERENCES (Please Include All)

BANK	BANK OFFICER
STREET ADDRESS	ACCOUNT NUMBER
CITY/STATE/ZIP	PHONE NUMBER

Invoices are subject to a service charge of 1.5% (18% annual) on any balances over 30 days past due. Customer agrees to pay any reasonable attorney's fees and costs in the event of a suit to effect collection of balances due (rates as permitted by state law). All parties agree that in the event legal action becomes necessary, the same shall be filed and tried in Dallas County, Texas



I certify that the information provided is true and correct. I hereby authorize any bank or grantor of credit to provide Rmax any requested information concerning the financial responsibility and indebtedness of the applicant and hereby release Rmax and any bank or grantor of credit from any and all claims or causes of action that may rise from information furnished Rmax.

**FIRM NAME** \_\_\_\_\_

**BY** \_\_\_\_\_  
(TYPE OR PRINT NAME)

**SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_



# INDIVIDUAL PERSONAL GUARANTY

Date \_\_\_\_\_

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

\_\_\_\_\_, for and in consideration of your extending credit at my

request to \_\_\_\_\_ (hereinafter referred to as the "Company") of

(Name of Company)

which I am \_\_\_\_\_, hereby personally guarantee to you the

(Title)

payment at 13524 Welch Rd., Dallas, TX 75244, in Dallas County, in the State of Texas of any obligation of the Company and 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 guaranty shall be a continuing and irrevocable guaranty and indemnity of such indebtedness of the Company. I do hereby waive notice of default, non-payment and notice thereof and consent to any modification or renewal of the credit agreement hereby guaranteed.

Signature \_\_\_\_\_

Witness: \_\_\_\_\_

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