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## Credit Application

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Legal Name: \_\_\_\_\_ DBA Name: \_\_\_\_\_

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

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

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

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

D&B Number: \_\_\_\_\_ Federal Tax ID: \_\_\_\_\_

Tax Status: Taxable Exempt Please provide certificate(s)

Corporation LLC Partnership Sole Proprietor

Non-Profit

Date of Incorporation: \_\_\_\_\_ State of Incorporation: \_\_\_\_\_

A/P Contact: \_\_\_\_\_ A/P e-mail: \_\_\_\_\_

A/P Phone: \_\_\_\_\_ Invoice e-mail: \_\_\_\_\_

Purchasing Contact: \_\_\_\_\_ Purchasing e-mail: \_\_\_\_\_

Purchase Orders Required: Yes No

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Primary Bank	Account #	Contact	E-mail
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Primary Supplier	Account #	Contact	E-mail
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Secondary Supplier	Account #	Contact	E-mail
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1. The undersigned agrees that all amounts due CME Corp are payable in US Dollars within 30 days of purchase unless agreed to in writing by both parties.
2. The undersigned agrees to notify CME Corp in writing well in advance of any changes in ownership and agrees to be held liable for any amounts made before and after should notification not take place.
3. The undersigned agrees to accept electronic or other copies of this document and signatures as an original.
4. The undersigned acknowledges that they are an authorized representative of the business entity listed above.

5. The undersigned agrees that in the event legal action is necessary to collect amounts due from the above entity they are liable for reasonable costs incurred in collection of indebtedness.
6. To secure payment and performance of all obligations owed to CME Corp, the entity above grants CME Corp a continuing security interest in all goods manufactured or distributed by the Creditor, now and in the future whether sold, consigned, rented, leased, or delivered. The undersigned also hereby authorizes Creditor to file all financing statements from time to time that the Creditor deems necessary to perfect the security interest granted by Customer.
7. CME reserves the right to add a credit card processing fee to all transactions.
8. The undersigned agrees that the information above is true, and accurate. CME Corp may use this information for the purposes of determining credit worthiness, investigate references and customer credit sources.
9. The undersigned agrees they are signing this application voluntarily and understand the terms stated above.

Signed: \_\_\_\_\_ Print: \_\_\_\_\_

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

I, \_\_\_\_\_, the undersigned, residing at, \_\_\_\_\_  
 \_\_\_\_\_, unconditionally guarantee to CME Corp, its subsidiaries, assignees, and successors, the full and prompt payment by \_\_\_\_\_, of all obligations which Guarantor presently or hereafter may owe to CME Corp. Guarantor agrees to indemnify CME Corp. against any losses CME Corp. may sustain, and any reasonable attorney's fees CME Corp. may incur to collect any indebtedness or enforce guarantee against the guarantor because of guarantor's failure to perform.

This shall be a continuing guarantee, and it shall remain in full force until such time as the guarantor delivers written notice to CME Corp revoking the guarantee. Such delivery shall not affect the guarantor's obligations hereunder with respect to indebtedness incurred prior to delivery of notice.

**The undersigned personal guarantor, recognizing that his or her individual credit history may be a factor in the evaluation of this personal guarantee, hereby consents to and authorizes the use of consumer credit report by CME Corp. from time to time as needed, as part of credit review process.**

Signed: \_\_\_\_\_ Print: \_\_\_\_\_

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

Please sign and email to [accountadmin@cmecorp.com](mailto:accountadmin@cmecorp.com) or fax 888-685-5455 along with exempt or resale certificates.

**For CME Use:**

Genesis Code: Internal  External

Account Manager: \_\_\_\_\_