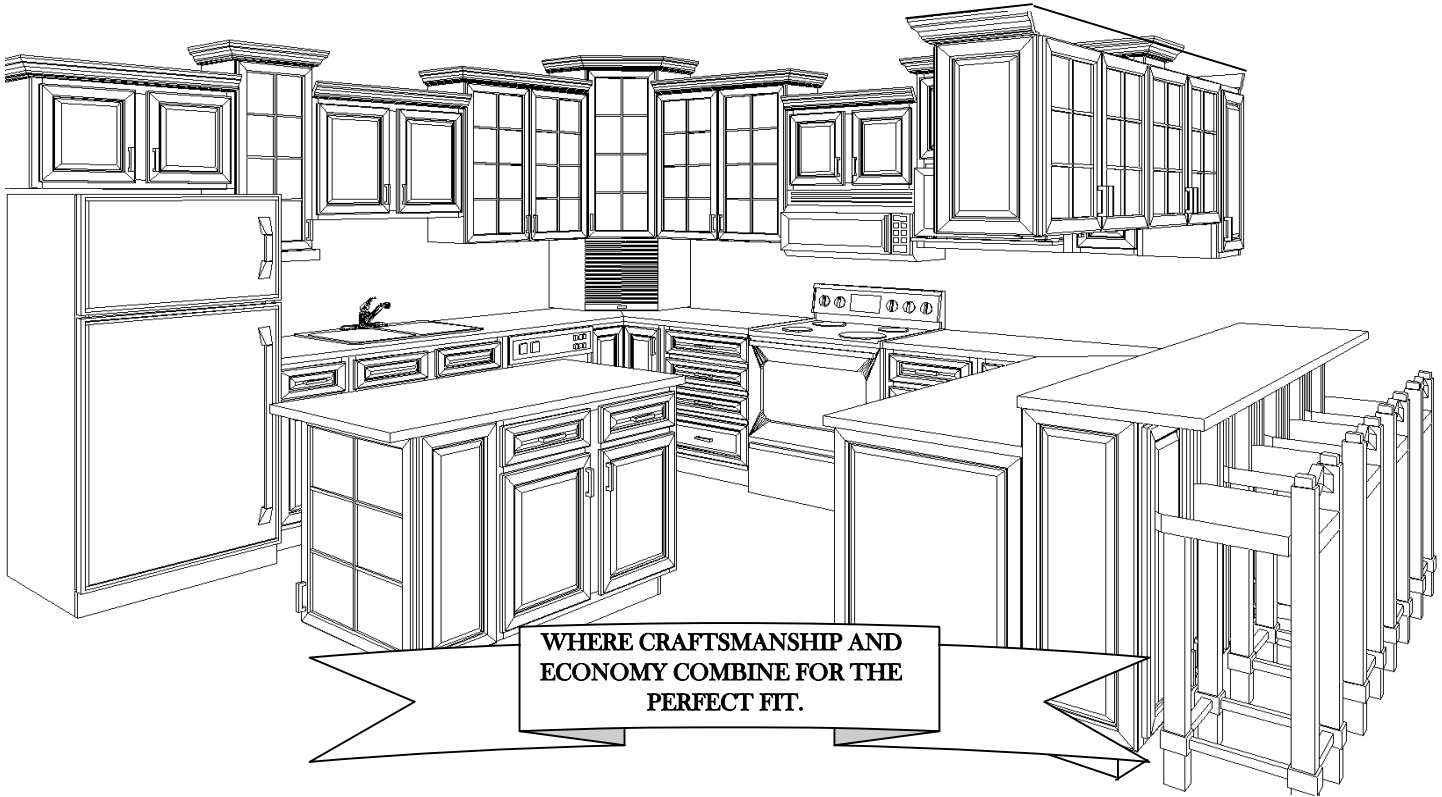


# *Grandview Products Company, Inc*

WHERE CRAFTSMANSHIP & ECONOMY COMBINE FOR A PERFECT FIT



## ***Credit Application***

**KITCHEN & BATHROOM CABINERY PRODUCTS**

**1601 SUPERIOR DRIVE / P.O. BOX 874 / PARSONS, KANSAS 67357 / PHONE: (620) 421-6950 / FAX: (620) 421-4211**

**WEB: [www.grandviewcabinets.com](http://www.grandviewcabinets.com) / CREDIT EMAIL: [jbotts@grandviewcabinets.com](mailto:jbotts@grandviewcabinets.com)**



Complete and Return

1. Firm Name \_\_\_\_\_ Phone \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_  
*Required*

2. Firm Street Address \_\_\_\_\_  
*Number, Street City, State, Zip*

3. Firm Mailing Address \_\_\_\_\_  
*Number, Street, P.O Box City, State, Zip*

4. Branch or Division? Yes No If Yes, Give Name, Address of Parent Company

5. Type of Business \_\_\_\_\_ Years in Business \_\_\_\_\_

6. Firm Type: Corporation (Complete 8) Partnership (Complete 7) Proprietor (Complete 7)

7. If Partnership or Proprietor

Owners Name \_\_\_\_\_ Phone \_\_\_\_\_ SSN \_\_\_\_\_  
Home Address \_\_\_\_\_ Years At This Address \_\_\_\_\_  
Spouse's Name \_\_\_\_\_

Owners Name \_\_\_\_\_ Phone \_\_\_\_\_ SSN \_\_\_\_\_  
Home Address \_\_\_\_\_ Years At This Address \_\_\_\_\_  
Spouse's Name \_\_\_\_\_

8. If Corporation, Officers Names

President \_\_\_\_\_ Vice President \_\_\_\_\_  
Secretary \_\_\_\_\_ Treasurer \_\_\_\_\_

9. Resale Tax Number \_\_\_\_\_ Corporate Federal Identification Number \_\_\_\_\_  
*A Copy of Your Tax-Exempt Certificate is Required*

10. Bank \_\_\_\_\_ Address \_\_\_\_\_  
Contact Person \_\_\_\_\_ Phone Number \_\_\_\_\_  
Authorization to Contact Bank Yes No Account Number \_\_\_\_\_

11. Has Applicant Or Any Of Its Owners, Principals, Paretners, Officers, Or Directors Ever Filed A  
Voluntary Petition In Bankruptcy, Been Adjudged Bankrupt, Or Made An Assignment For The  
Benefit of Creditors? Yes No

12. Are There Any Past Due Taxes Owed By Applicant To Taxing Authorities? Yes No

13. Has A Tax Lien Or Civil Suit Been Filed Against Applicant Or Any Of Its Owners, Principals, Partners,  
Officers, Or Directors, Within The Past Six Years? Yes No

**Continued:**

14. Is Applicant Or Any Of Its Owners Principals, Partners, Officers, Or Directors, A Guarantor, Or Endorser Of Debts Or Notes Owed By Others? Yes No

15. Is A Written Purchase Order Required For the Release Of Merchandise? Yes No

16. Does Applicant Now Have An Order Pending With Grandview Products Co., Inc.? Yes No  
If Yes, What Is The Approximate Amount Of The Order? \$\_\_\_\_\_

17. I/We Agree To Make All Payments To Grandview Products Co., Inc. When Due And Payable Per Terms and Agreements. Delinquent Payments Shall Bear Interest at 1.5% Per Month. Any Controversy Or Claim Arising Out Of Or Relating To This Agreement Shall Be Settled By Arbitration in Kansas City, Missouri In Accordance With The Commercial Arbitration Rules Of American Arbitration Association. Judgment On The Award Rendered By The Arbitrator(s) May Be Entered In Any Court Having Jurisdiction Thereof. This Agreement Contains A Binding And Arbitration Provision Which May Be Enforced By The Parties. If It Becomes Necessary In The Opinion Of Grandview Products To Engage The Services Of An Attorney To Effect Collection, I/We Agree To Bear All Such Expenses.

\_\_\_\_\_  
*Signature* *Title* *Date*

**Personal Guarantee (Required For Proprietorships and Partnerships)**

In Consideration For The Credit Extended To The Above Listed Firm. The Undersigned Hereby Guarantee And Agree to Be Personally Liable For All Indebtedness Incurred By The Above Firm Through Any Of Its Authorized Agents

Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse Signature \_\_\_\_\_ Date \_\_\_\_\_

***Trade References***

1. \_\_\_\_\_  
*Name* *Number, Street* *City, State, Zip* *Phone* *Fax (Required)*

2. \_\_\_\_\_  
*Name* *Number, Street* *City, State, Zip* *Phone* *Fax (Required)*

3. \_\_\_\_\_  
*Name* *Number, Street* *City, State, Zip* *Phone* *Fax (Required)*

4. \_\_\_\_\_  
*Name* *Number, Street* *City, State, Zip* *Phone* *Fax (Required)*

Credit Line Desired \_\_\_\_\_

# Financial Information

Financial Condition As Of \_\_\_\_\_ Source:  Book Records  
 Estimates  
 Audit By \_\_\_\_\_

<b>Assets</b>		<b>Liabilities</b>	
Cash On Hand In Banks	\$ _____	Accounts Payable <i>(Owing To The Trade)</i>	\$ _____
Accounts Receivable <i>(Due From Customers)</i>	\$ _____	Notes & Trade Accep. Payable <i>(Merchandise)</i>	\$ _____
Notes Receivable <i>(Due From Customers)</i>	\$ _____	Loans From Banks	\$ _____
Merchandise/Inventory	\$ _____	Unpaid Taxes	\$ _____
Government Bonds <i>(Current Value)</i>	\$ _____	Other Current Liabilities	\$ _____
Total Current Assets	\$ _____	Total Current Liabilities	\$ _____
Fixtures, Machinery & Tools <i>(Net Of Depreciation)</i>	\$ _____	Mortgage Payable	\$ _____
Real Estate	\$ _____	Notes Payable <i>(Long-Term Portion)</i>	\$ _____
_____	\$ _____	Other Liabilities <i>(Please Specify)</i>	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
Deposits	\$ _____	Total Liabilities	\$ _____
Other Assets (Specify)	\$ _____	Net Worth <i>(Total Assets Less Total Liabilities)</i>	\$ _____
Total Assets	\$ _____		

Sales From \_\_\_\_\_ To \_\_\_\_\_ \$ \_\_\_\_\_ Date of Fiscal Year \_\_\_\_\_  
*(Use Last Full Year)*

Deduct Cost Of Merchandise Sold (\$ \_\_\_\_\_) Merchandise Subject To UCC Financing Statement \$ \_\_\_\_\_

Gross Profit \$ \_\_\_\_\_

Deduct Expenses (\$ \_\_\_\_\_)

Deduct Taxes (\$ \_\_\_\_\_)

Net Income \$ \_\_\_\_\_

**Note: If Similar Information Is Available On A Form Of Your Own, That Would Be Equally Satisfactory.**

I Hereby Certify That The Information On This Document Is Correct, To The Best Of My Knowledge. I Authorize Any Of The References Listed On This Application To Give Grandview Products Co., Inc. Any Current Information That They May Require.

Name Of Concern \_\_\_\_\_  
 By \_\_\_\_\_  
*(Signature & Title Of Proprietor, Partner, Or Officer)*  
 Date \_\_\_\_\_

# *Grandview Products Co., Inc.*

General Office & Production Box 874, Parsons, Kansas 67357  
Ph. (620) 421-6950 Fax (620) 421-4211 Web: www.grandviewcabinets.com



## **Credit Information Release**

*(Required if a Proprietorship)*

The Undersigned Hereby Consent(s) To Grandview Products Co., Inc.'s Use Of A Non-Business Consumer Credit Report On The Undersigned In Order To Further Evaluate The Credit Worthiness Of The Undersinged As Principal(s), Proprietor(s) And/Or Guarantor(s) In Connection With The Extension Of Business Credit As Contemplated By This Credit Application. The Undersigned Hereby Authorize(s) Grandview Products Co., Inc. To Utilize A Consumer Credit Report On The Undersigned From Time To Time In Connection With The Extension Or Continuation Of The Business Credit Represented By This Credit Application. The Undersigned As (An) Individuial(s) Hereby Knowingly Consent To The Use Of Such Credit Report Consistent With The Federal Fair Credit Reporting Act As Contained In 15 U.S.C. @1681 Et Seq.

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Signature

Title

Date

