



Retractable Deck & Patio Canopies
 ShadeTree Systems, LLC
 6317 Busch Blvd
 Columbus, OH 43229
 614-844-5990
 FAX 614 844-5991

Business Information Form / Customer Credit Application

Company Name: _____
 Street Address: _____
 City/State/Zip Code: _____
 Shipping Address if Different: _____
 Telephone Number: (____) _____ Fax Number: (____) _____
 E-Mail Address: _____
 Years in Business: ____ Describe Business: _____
 Federal ID # _____ Dun & Bradstreet # _____
 Type of Account Requested: ____ Prepay Check /Credit Card ____ Open Account*, Amount \$ _____
 (*Late fees will be charged @ 1.2% per month. Collection efforts will be strong and slow payments will not be tolerated)
 Business Type: ____ Corporation ____ Partnership ____ Sole Proprietorship
Sales Tax: ____ **Taxable** ____ **Exempt, Please attach tax exemption certificate (resellers permit)**
 Annual Sales \$ _____ Number of Employees: _____ Do you: ____ own building ____ rent/ lease
 Name of Landlord: _____ Telephone Number: (____) _____

Bank Reference

Bank: _____ Bank Officer: _____
 Bank Address: _____
 Checking / Savings Acct # _____ Loan Acct # _____
 Telephone Number: (____) _____ Fax Number: (____) _____

Trade References

Failure to Provide Fax Numbers Will Delay Processing.

Company: _____
 Address: _____
 City/State/Zip Code: _____
 Telephone Number:(____) _____ Fax Number:(____) _____

Company: _____
 Address: _____
 City/State/Zip Code: _____
 Telephone Number:(____) _____ Fax Number:(____) _____

Company: _____
 Address: _____
 City/State/Zip Code: _____
 Telephone Number:(____) _____ Fax Number:(____) _____

Principal Owners / Officers

Name	Title	Home Address	City / State / Zip	SSAN	Telephone
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Terms

All invoices are due within 30 days.

On invoices not paid within 30 days I/We agree to pay a monthly late payment charge of 1 ½% per month.

I/We authorize ShadeTree Systems, LLC. to obtain reports to be used in connection with this application and to obtain further credit information from any of the persons or firms set forth in this application.

Should the past-due account be assigned for collections, or if suit is initiated by the credit grantor, the applicant agrees to pay all reasonable collection, attorney fees and court cost incurred.

Company Name: _____

Owner/Officer Signature: _____

Title: _____

Date: _____

Personal Guaranty

I, _____, residing at _____

_____ in order to induce ShadeTree Systems, LLC. (ShadeTree) of Columbus, Ohio, to extend credit to _____ (the "Company") hereby guarantee to ShadeTree the prompt payment, when due, of every claim of ShadeTree which presently exists or which may hereafter arise in favor of ShadeTree, against the Company.

This is a continuing guaranty and shall remain in force until revoked by me by notice in writing to ShadeTree, but such revocation shall be effective only as to claims of ShadeTree, which arise out of transactions entered into after its receipt of such notice. This obligation shall cover the renewal of any claims guaranteed by this instrument or extensions of time and payment thereof, and shall be affected by any surrender or release by ShadeTree of any other security held by it for any claim hereby guaranteed.

In the even of default of the Company in making payment on any claims of ShadeTree when due, I agree, without ShadeTree first having to proceed against the Company, to pay on demand all sums due and to become due to ShadeTree Systems from the Company, and all losses, costs, attorney's fees, or expenses which ShadeTree might suffer by reason of the Company's default.

In witness whereof I have signed on _____, 20__

WITNESSES:

SIGNATURE:

Signed and acknowledged in my presence this ____ day of _____ 20__

In Order to Process This Credit Application, All Information Must Be Completed.
Return To: ShadeTree Systems, LLC. ATTN: Credit Department 6317 Busch Boulevard, Columbus, Ohio 43229
Fax (614) 844-5991