

COMPANY NAME _____

ACCOUNT AUTHORIZATION

By signing this, Applicant agrees to credit terms of NET 30 DAYS from date of invoice. Past due invoices are subject to a finance charge of 1.5% per month. Applicant agrees that should it be necessary to employ a collection agency or attorney to collect monies due, applicant will be responsible for all reasonable costs of collection. As an inducement to grant credit, the undersigned authorizes and releases all businesses, banks, and persons identified on this application to furnish any and all information requested by SPS or its representative, by telephone or written correspondence. The undersigned further warrants that the information provided is true and correct.

Authorized Signature	Date
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AUTHORIZATION FOR CREDIT CHECK

By signing this, Applicant authorizes SPS or its agent to check personal credit and financial records. As part of such credit check, SPS is authorized to request and obtain consumer credit reports in connection with the opening, monitoring, renewal and extension of this and other accounts with SPS. If requested, SPS will advise whether my consumer credit report was requested and, if so, the name and address of the consumer credit-reporting agency that furnished the report.

First Name	Middle Initial	Last Name	Social Security Number
Present Home Address			Home Phone Number
City		State	Zip
Authorized Signature			Date

PERSONAL GUARANTY

By signing this, Applicant acknowledges that they personally guarantee the debts and obligations of this business and agree that they are personally obligated to perform all of the terms of and make all payments to SPS required by the agreement of which this Application is a part.

First Name	Middle Initial	Last Name	Social Security Number
Present Home Address			Home Phone Number
City		State	Zip
Authorized Signature			Date