



Application for Account Accommodations/Financing

REV 4/05

Fax to: Attn: Credit Dept. 480-633-4657

General Information Existing Customer: Yes No Empire Contact _____

Customer Business Name _____

Physical Address _____ City _____ State _____ Zip _____ County _____

Mailing Address _____ City _____ State _____ Zip _____ County _____

Business Phone _____ Fax _____ Mobile _____

Contact Name _____ Title _____ E-Mail Address _____

Business Start Date _____ Time as Current Owner _____ State of Inc. _____ Contractor License & State _____

Business Description _____ Fed ID # or SS # _____ Number of employees _____

Business Type: Corporation LLC Partnership Sole Proprietorship Other Sales Tax Exempt (if Yes, attach copy): Yes No

Business or Principal Ever Declared Bankruptcy? Yes No Date Filed _____ Outstanding Liens or Judgments? Yes No

Minimum Credit Request \$ _____ Insurance Company _____ Contact _____ Ph# _____

Purchase Order System Y N Bonding Company _____ Contact _____ Ph# _____

References

Bank _____ Acct# _____ Contact _____ Ph# _____

Checking: \$ _____ Savings: \$ _____ Loans: \$ _____

Trade Reference _____ Acct# _____ Contact _____ Ph# _____

Trade Reference _____ Acct# _____ Contact _____ Ph# _____

Personal Information on Owner/Principals/Guarantors

Name _____ Title _____ Birthdate _____ SS# _____

Home Address _____ Home Ph# _____ %Ownership _____

Net Worth \$ _____ Annual Income \$ _____ Monthly Housing Payment \$ _____

Name _____ Title _____ Birthdate _____ SS# _____

Home Address _____ Home Ph# _____ %Ownership _____

Net Worth \$ _____ Annual Income \$ _____ Monthly Housing Payment \$ _____

Signature of Owner/Principal or Authorized Officer/Partner

Notice: Applicant and each other person signing below warrants that the information provided herein or in connection with this application is true and correct and authorizes the release of such information to any party who may provide credit to applicant, whether herein or pursuant to a subsequent application or request to obtain from banks, credit bureaus, and other creditors, all of which are hereby authorized to release any credit/financial information concerning applicant or such other person (including personal credit bureaus) as such party may deem appropriate, and to share all such information with the other.

Read the Reverse Side before Signing

Required Signatures: Corporation – Officer Partnership – Partners and Spouses Sole Proprietorship – Proprietor and Spouse

BY: _____ Title: _____ Date: _____

BY: _____ Title: _____ Date: _____

Signature of Guarantor

Guaranty: In consideration of advances and/or extensions of business credit for goods and services obtained by the above designated Applicant (or its successors) from Empire and as an inducement to make such advances to and/or extensions, the undersigned jointly, severally, irrevocably, and unconditionally agree to (1) all terms and conditions set forth on the front and reverse sides of this document; and (2) guaranty the payment of any and all indebtedness, including advances, debts, obligations, and liabilities now existing or hereafter made or incurred, together with such costs and expenses, including reasonable attorney fees, as may be incurred by Empire in the enforcement of this Guaranty, whether or not suit is commenced. The undersigned expressly authorize Empire to renew, compromise, extend, accelerate, or otherwise modify the terms of the credit agreement or any underlying agreement without notice or demand to the undersigned and without affecting the undersigned's liability hereunder. Husband and wife must both sign the guaranty. If only one person signs the guaranty, the person signing not only represents to Empire that he/she is not married, but also understands that Empire is relying on that representation to its detriment. This document can be signed in counterpart, and facsimile and photocopy signatures are binding upon the applicant.

Read the Reverse Side Before Signing

Guarantor's Signature _____ Social Security Number _____

Spouse's Signature _____ Social Security Number _____

Residence Address _____ Home Phone _____

Guarantor's Signature _____ Social Security Number _____

Spouse's Signature _____ Social Security Number _____

Residence Address _____ Home Phone _____

Notice: if your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain this statement, please contact: _____ within 60 days from the date you are notified of our decision. We will send you a written statement of the reasons for the denial within 30 days from receiving your request. The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program, or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law is the FTC Regional Office for the region in which the Lender operates of the Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20580.