

CREDIT APPLICATION

INFORMATION FROM CUSTOMER

				Date:		
Firm Address:				Type of Business:		
Firm Website:				Firm Phone:		
Name of Principal:			Firm Fax:			
· -				Firm Email:		
Spouse Name: (If applicable				Year Founded:		
Corporation	Proprietorship	Partnership	LLC	Fed ID # or:	_	
We operate under the	laws of the State of			Social Security #:		
Invoice Method:	Mail Ema	(please provide)		Tax Exemption:		
Owners (of Stockho	olders) and Officials:					
Name	Home Address	City		State Title		
A/P Contact Name	Phone	Email				
Bank References:						
Bank:			Account #:	Email:		
Address:			Contact Name:	Contact Phone:		
Principal Suppliers		F	For all	City	State	
Name	Phone	Fax	Email	City	State	
completion of this appl considered past due. In per month (unless appl	ication by the applicant an the event we fail to make icable laws require a lesser	d approval for credit by payments when due, we rate). be made on the compa	Dyke Industries, Inc. An e agree to pay all costs of a gree to pay all costs of any and it's offices at any	nt terms are TBD and will be addres y amounts not paid by the agreed u of collections, including attorney fee y time in connection with the credit	pon NET payment terms would be es, court costs and interest at 1.5%	
consents to the disclos			,	ve nnanciai relations.		
consents to the disclosi		Title		ve mancial relations. Date		
	e:					
Signature Personal Guarante "In consideration for the rate of 1.5% per month."	e extension of credit by Dy	Title Ke Industries, Inc., I (or v quire a lesser charge), al	we) do personally guara I collection costs includi		=	
Signature Personal Guarante "In consideration for the rate of 1.5% per month."	e extension of credit by Dy (unless applicable laws re	Title Ke Industries, Inc., I (or v quire a lesser charge), al	we) do personally guara I collection costs includi	Date ntee all payments of sales, includin	=	
Personal Guarante "In consideration for the rate of 1.5% per month that personal credit incomplete in the personal credit in the	e extension of credit by Dy (unless applicable laws re	ke Industries, Inc., I (or v quire a lesser charge), al time in connection with	we) do personally guara I collection costs includi the credit."	Date ntee all payments of sales, includin	y are incurred and agree	



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INFORMATION FROM FINANCIAL INSTITUTION

Your cooperation in prov	iding the following co	nfidential information will he	elp us establish your accoun	t. To avoid delays, please co	mplete in full.		
Business Legal Name:			Trade Name:	Trade Name:			
Address:							
The above applicant is ap authorizing you to release		ke Industries, Inc. and has pro	vided you as their banking ro	eference. Shown below is the	customer's signature		
Kindly complete the area submit to: creditapps@d		"FOR BANK USE ONLY". Than	k you in advance for your as	ssistance. If you have any que	stions,		
BANK REFERENCES							
Bank Name:			Contact:				
Phone:		Email:		Fax:			
Acct #:			Account Ty	/pe:			
Acct #:			Account Ty	Account Type:			
		nformation is true to the best nection with this application.	of its knowledge an authoriz	es Dyke Industries, Inc to con	duct its credit investigation		
Applicant authorizes bank	and trade reference	to release information to Dyk	e Industies, Inc. and release	them from any liability in con	nection therewith.		
Signature:							
Title:			D:	ate:			
FOR BANK USE ONLY Please submit your comp Attention - Credit Depart	leted credit applicatio	n form to creditapps@dykein	d.com or mail to: Dyke Indu	stries Inc., 309 Center Street	, Little Rock AR 72201		
Deposit Accounts of Applicant(s) Type Of Account	Acct#	Current Balance	Average Balance For Previous Two Months Date Opened				
		\$					
		\$					
Outstanding Loans (include	ling Construction Loss	ns) to Applicant(s)					
Loan Number	Date of Loan	Original Amount	Current Balance	Installments (Mnthly/Qrtrly)	# of Late Payments		
		\$		(many 2007)			
		\$					
	I .				ı		
Secured by:							
Signature of Depository Re	epresentative		Title		Date		



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ADDITIONAL INFORMATION / DETAILS NEEDED

Sales Rep's Name:						
Customer's Name						
customer s name.						
Customer's Job:						
_						
St	treet Address, Lo	t #, Box#, or Ro	ute#,City, Co	unty, State		
Please circle the appro	opriate response	to the question	ns below:			
1. The home is:	Pre-Sold	Spec Ho	ouse			
2. Pre-Sold Property O	wner is:					
3. How financed?						
					 -	
Bank/Savings & Loan			Offi	cer	Personal Money Location	
4. Is title company disl	bursing funds?	YES		NO		
,,						
If YES, name of title co	mpany?					
5. Customer notified of	f lien rights?	YES		NO		
6. How much monthly	cradit is naadad?	1				
1,000	10,000	15,000	20,000	30,000		
,	-,	-,	-,	,		
7. How much total cre	dit is needed?					
20,000	25,000	50,000	75,000	100,000		

FORM SUBMITTAL

Please submit your completed credit application form to **creditapps@dykeind.com** or mail to: **Dyke Industries Inc., 309 Center Street, Little Rock AR 72201 - Attention - Credit Department.**