



Drillers Service, LLC

1792 Highland Ave NE
Hickory, NC 28601
Phone: 828.322.1100
Fax: 828.324.1484

CREDIT APPLICATION & AGREEMENT

COMPANY NAME: _____ DATE: _____

MAILING ADDRESS: _____ TAX RATE: COUNTY: _____

CITY: _____ STATE: _____ ZIP: _____

SHIPPING ADDRESS: _____ TAX RATE: COUNTY: _____

CITY: _____ STATE: _____ ZIP: _____ EMAIL ADDRESS: _____

TELEPHONE: () _____ FAX: () _____

*SALESTAXEXEMPT: _____

YES NO (If you answered yes, please attach a copy of the certificate and indicate number above)

OWNERSHIP: () INDIVIDUAL () PARTNERSHIP () CORPORATION () LLC () OTHER: _____

FULL NAME OF OWNER(S) OR OFFICERS ("PRINCIPALS"):

NAME	TITLE	SOCIAL SECURITY NUMBER

ACCOUNTS PAYABLE CONTACT		DELIVERY OF INVOICES/STATEMENTS		
NAME:	FAX:	__EMAIL	__FAX	__MAIL
PH:	EMAIL:	CHOOSE ONLY ONE METHOD		

DATE BUSINESS STARTED _____ ANNUAL SALES \$ _____

IF NEW BUSINESS, DESCRIBE PAST EMPLOYMENT (OR IF STILL EMPLOYED) _____

ARE PURCHASE ORDERS REQUIRED? _____ ISSUED BY WHOM? _____

ESTIMATED AMOUNT OF CREDIT NEEDED: _____

SPECIAL INSTRUCTIONS: _____

(CREDIT CARD ACCOUNTS EXCLUDED)

	NAME	ADDRESS	CITY/STATE/ZIP	FAX/TELEPHONE
SUPPLIER				
SUPPLIER				
SUPPLIER				

ARE ANY OF THE ABOVE SECURED? IF YES, PLEASE EXPLAIN: _____

NAME OF BANK _____ PHONE NO. () _____ BRANCH _____ ADDRESS _____
ACCT. # _____ OFFICER _____

TERMS. Applicant and the undersigned principal(s) represent that the information provided in this Credit Application and Agreement ("Agreement") is true and correct and is given to induce Drillers Service, LLC (hereinafter "DS") to extend credit to Applicant for commercial or business use only. Applicant authorizes DS to make inquiry into any and all matters set forth in this Agreement and to obtain oral or written reports from any credit reporting agency or reference necessary for evaluation of Applicant's credit history, business relationships and financial status and responsibility.

Applicant agrees to pay DS's invoices according to the payment terms stated on the invoices and to pay interest accrued at the rate of 2% per month upon any overdue invoice or account balance. Applicant agrees to pay all of DS's costs of collection, including reasonable attorneys' fees, if Applicant's account is referred to an attorney for collection or if legal action is taken to collect. If at any time an invoice is past due, DS will have the right, by notice, to accelerate and declare all account indebtedness of Applicant to DS immediately due and payable in full, regardless of invoice terms. DS will have the right, in its sole discretion, upon notice to Applicant, to change any term of credit offered to Applicant or to revoke further extension of credit to Applicant. All sales of goods by DS to Applicant shall be governed exclusively by DS's Terms and Conditions of Sale, which are located on the "about us" page at www.dsidsi.com, which shall be incorporated by this reference and agreement, into all orders and sales contracts now or hereafter existing between DS and Applicant. Applicant grants to DS a security interest in all goods sold by DS to Applicant, and the proceeds and products thereof, to secure all present and future indebtedness owed by Applicant to DS. Principals agree to the terms of this Agreement and hereby individually, unconditionally, and jointly and severally guarantee payment to DS of all amounts due or which hereafter become due, on Applicant's account with DS. This Agreement will be interpreted and governed in accordance with the substantive of laws of the state of North Carolina, without regard to principles of conflicts of law. The Applicant and principal(s) consent and submit to the personal jurisdiction of the state and federal courts located in North Carolina with respect to any claim involving enforcement or interpretation of this Agreement, any civil action for recovery of debts or obligations owed to DS or adjudication of any other claim or dispute involving DS.

By signing in the space below, the undersigned agree to all of the foregoing terms and conditions.

*THIS THE ____ DAY OF _____, 20__

* _____

COMPANY NAME

OWNERS/PRINCIPALS
(Principal(s) must also sign without listing titles)

*BY: _____ TITLE: _____ * _____

*PRINT NAME _____

*BY: _____ TITLE: _____ * _____

PRINT NAME _____

*BY: _____ TITLE: _____ * _____

*PRINT NAME _____

PLEASE COMPLETE ALL ASTERISK FIELDS

FOR BRANCH USE ONLY

DATE: _____ NEW REVIEW ACCOUNT# _____

SALESMAN/NO: _____ BRANCH/NO: _____ PRICE TYPE: _____ TERMS REQUESTED: _____

FOR OFFICE USE ONLY

ENTERED CRT: _____ ACCOUNT# _____

TERMS: _____ CREDIT LIMIT: _____ APPROVED BY: _____ DATE: _____