



**Commercial Billing Service**

Compass Bank  
Post Office Box 2201  
Decatur, Alabama 35609-2201

Merchant Name: Burton Hyds  
Merchant #: 11170  
Account #: \_\_\_\_\_

Credit application to: \_\_\_\_\_ and other merchants.  
Legal name of business: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_  
Trade name of business: \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_ Cell Phone #: (\_\_\_\_) \_\_\_\_\_

Has the Company or any principal owner filed bankruptcy in the last 7 years?  Yes  No  
 Corporation  LLC  Sole Owner  Partnership

If incorporated, list state in which incorporated: \_\_\_\_\_ Are you listed with D & B?  Yes # \_\_\_\_\_  No

Principal Owners or Stockholders:  
Name Address Title

Any prior businesses?  Yes  No Name: \_\_\_\_\_

Was account with Compass Bank?  Yes  No Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Was business purchased from a previous owner?  Yes  No Date of Purchase: \_\_\_\_\_

Date business started: \_\_\_\_\_ Principal contact at company: \_\_\_\_\_

Tax Exempt?  Yes (provide certificate)  No Purchase Order required?  Yes  No  Other \_\_\_\_\_

We expect our monthly credit requirements from Compass to be about \$ \_\_\_\_\_ Federal Tax ID # \_\_\_\_\_

Subsidiaries - Affiliates - Franchises? \_\_\_\_\_ Number of employees: \_\_\_\_\_

Own or  Rent building - If rent, from whom? \_\_\_\_\_ Value / Rent \$ \_\_\_\_\_

Bank 1 Name City/State Account # Bank Officer Telephone

Bank 2 \_\_\_\_\_

List four largest 30-day trade or credit references:

1. Name City/State Telephone

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Bonding Company \_\_\_\_\_

Have you rented equipment in the past?  Yes  No If so, from whom? \_\_\_\_\_

The Company applying for credit in this Application ("Company") has requested credit from the merchants listed above and any other merchant (collectively, "Merchants") from whom Compass Bank's Commercial Billing Service Department ("Compass") may from time to time purchase accounts receivable. Company is furnishing the information and agreements herein solely at the merchant's request to obtain credit from merchants and understands that Compass may refuse to purchase accounts of the Company from any of the merchants at any time without notice to Company or any other party. All parties listed above, and with or without notice to Company, any merchant may receive a copy of this application and all such parties are authorized to release credit information concerning Company to Compass. Company understands that all accounts are due on the 10th day of the calendar month after the calendar month of the statement date. If Compass, after Company's refusal to pay, collects through an attorney any indebtedness related to any merchant account assigned to Compass, the Company shall pay all collection costs, including a reasonable attorney's fee.

Print or Type Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

**PERSONAL GUARANTY**

The undersigned individually, jointly and severally and unconditionally guarantees the payment when due of all invoices/accounts purchased by Compass Bank from any Merchant. The undersigned personal guarantor, recognizing that his or her individual credit history may be a necessary factor in the evaluation of this personal guaranty, hereby consents to and authorizes the use of a consumer credit report on the undersigned, by Compass Bank from time to time as may be needed in the credit evaluation process.

Signed: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Date: \_\_\_\_\_

MAIL TO: Commercial Billing Service  
P.O. Box 2201  
Decatur, Alabama 35609-2201

Toll Free Telephone # (800) 236-2455  
Toll Free Fax # (877) 859-0780

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