

# Seamon Wrecker Service Inc

## NEW CUSTOMER INFORMATION & CREDIT APPLICATION

### BUSINESS CONTACT INFORMATION

Contact:		A/R Contact:	
Company name:			
Phone:	Fax:	E-mail:	
Physical address:			
City:		State:	ZIP:
Billing Address:			
City:		State:	Zip:
Corporation	LLC	Single Proprietor	Other

Do you have any special requirements? i.e.: VIN, mileage, truck number, driver, etc.

Do you require POs? YES NO

NOTES:

All invoices are to be paid by the 10<sup>th</sup> of the following month from the date of the invoice.  
 Any questions about invoices or billing please call: Krystal Seamon @ 334-361-9100 or 334-657-0515  
 Please fax this form back to: 334-361-9152

### SIGNATURES

DATE:	DATE:
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**PERSONAL GUARANTY**

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FOR VALUE RECEIVED, the undersigned jointly and severally hereby forever waives presentment, demand, protest, notice of protest, and notice of dishonor of the aforesaid Note and personally guarantees payment of said each and every installment due there under together with interest, attorneys' fees and costs of collection and consents without further notice to any and all extensions of time, or terms of payment made by the Payee or Holder of said Note.

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**GUARANTOR (MUST BE COMPANY OFFICER OR OWNER)**

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WITNESS

Dated: \_\_\_\_\_