



Credit Application and Guaranty Agreement

gotügo
portable restroom solutions
7355 Green Acres Dr
Glen Burnie, MD 21060
410.360.1215: telephone
410.360.1218: fax
www.gotugo.com

APPLICANT

Legal Business Name: _____ Date: _____

FEIN# _____ Tax Exempt No Yes ID# _____

Corporation Partnership Individual /Sole Proprietorship Annual Revenue _____ Years in Business: _____

Business Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone (1): _____ Phone (2): _____ Fax: _____

Accounts Payable Contact _____ Phone _____

Accounts Payable Email Address (required) _____

PRINCIPALS

Name of Principal: _____ Position: _____ Phone: _____

Name of Principal: _____ Position: _____ Phone: _____

Has the applicant, or any principal, ever filed for bankruptcy? _____ When? _____

FINANCE

Bank Name: _____ Branch: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Officer Contact: _____ Acct. No.: _____ Type of Acct.: _____

REFERENCES (please provide 3 references)

1. _____
Business Name _____ Phone _____ Fax _____
2. _____
Business Name _____ Phone _____ Fax _____
3. _____
Business Name _____ Phone _____ Fax _____

Terms: gotügo credit terms are Net 10 days from receipt of invoice. gotügo reserves the right to charge interest at the rate of 18% per annum (1.5% monthly) or at highest rate available under applicable law, to any account balance exceeding 30 days Net. Statements and invoices will be paid in accordance with terms set forth by gotügo. **Guarantee:** It is fully understood and agreed that upon approval of this application or reapplication and in consideration of credit being extended, the undersigned Principal(s) will unconditionally, individually, and jointly and severally guarantee full payment of the rental price and services so delivered. It is understood and agreed that the purchaser will pay, to the extent permitted under applicable law, all reasonable collection fees, attorney fees, and court costs incurred by gotügo in connection with any collection action. **Certification:** I/We certify that all information on this application is correct and the listed bank and references are authorized to release appropriate information to gotügo, which will be held in confidence, necessary for credit approval and that an authorized officer, owner, partner or representative has signed this application.

By signing below, I/We acknowledge and agree to the foregoing conditions.

The following are authorized to purchase:

Applicant

By: _____

Title: _____ Date: _____

Principal: _____

All employees authorized to purchase

Credit Limit Request: \$ _____

TO BE COMPLETED BY gotügo FINANCE
SIC Code _____

gotügo Finance Approval _____