



Protective Services Carpet Company
 4599 Damascus Road
 Memphis, TN 38118
 Phone: (901) 794-4101 Fax: (901) 794-8120

Property Management

Account Manager:

Date:

Account Set Up and Agreement

1. PROPERTY LOCATION

Property Name :

Street Address : Apt / Suite :

City : State : Zip Code :

Telephone Number : () Fax Number : ()

Contact Name : Email Address :

2. PROPERTY OWNER *(AS RECORDED ON THE DEED OF TRUST)*

Name :

Street Address : P.O. Box :

City : State : Zip Code :

Telephone Number : () Fax Number : ()

Date Property Purchased :

Other Properties Owned :

This is a : Corporation Partnership Proprietorship LLC Date Established :

Name and Address of General Partner :

3. PROPERTY MANAGEMENT COMPANY

Name :

Street Address : P.O. Box :

City : State : Zip Code :

Telephone Number : () Fax Number : ()

Date Established :

This is a : Corporation Partnership Proprietorship

President / Owners :

Contact Name : Email Address :

4. BANKING INFORMATION

Name : Account Number :

Address : Telephone Number : ()

Do you have any outstanding loans? Yes No Secured by :

5. CREDIT REFERENCES

Name :	<input type="text"/>	Address :	<input type="text"/>
Telephone Number :	(<input type="text"/>) <input type="text"/>	Fax Number :	(<input type="text"/>) <input type="text"/>
Acct Number :	<input type="text"/>		
Name :	<input type="text"/>	Address :	<input type="text"/>
Telephone Number :	(<input type="text"/>) <input type="text"/>	Fax Number :	(<input type="text"/>) <input type="text"/>
Acct Number :	<input type="text"/>		
Name :	<input type="text"/>	Address :	<input type="text"/>
Telephone Number :	(<input type="text"/>) <input type="text"/>	Fax Number :	(<input type="text"/>) <input type="text"/>
Acct Number :	<input type="text"/>		

6. GENERAL INFORMATION

Are purchase orders required? Yes No

Credit Line Requested :

Will you submit a financial statement? Yes No

If yes, please send with application, or mail ATTN: Credit Manager. It will be held confidentially.

Accounts Payable Officer or Supervisor's Telephone Number : ()

Is the property tax exempt? Yes No

If yes, please attach a signed exempt certificate.

I, (WE) UNDERSTAND THAT THE INFORMATION FURNISHED TO YOU ON THIS APPLICATION FOR ACCOUNT IS FOR THE PURPOSE OF OBTAINING CREDIT FROM YOUR FIRM. I (WE) UNDERSTAND THAT YOUR FIRM MAY AT ANY TIME REFUSE TO GRANT CREDIT TO ME, US, EVEN THOUGH CREDIT IS INITIALLY GRANTED PURSUANT TO THIS APPLICATION. I AM, (WE ARE) AUTHORIZED IN MY (OUR) CAPACITY TO BIND MY (OUR) FIRM FOR ANY AND ALL CREDIT WHICH YOU EXTEND TO US. IT IS FURTHER AGREED AND UNDERSTOOD THAT ALL ACCOUNTS OR MONIES DUE PROTECTIVE SERVICES CO., INC. SHALL BE DUE AND PAYABLE AT ITS OFFICE IN MEMPHIS, SHELBY COUNTY, TENNESSEE WITHIN THIRTY (30) DAYS OF INSTALLATION; THAT ALL PAST DUE ACCOUNTS, NOTES, OR JUDGMENTS SHALL BEAR INTEREST FROM THE DATE THE INDEBTEDNESS IS FIRST INCURRED UNTIL PAID AT THE MAXIMUM RATE ALLOWED BY LAW. IF THE ACCOUNT OR NOTES ARE PLACED WITH A THIRD PARTY FOR COLLECTION, THEN THE DEBTOR AND HIS GUARANTORS, IF ANY, ARE LIABLE FOR REASONABLE ATTORNEY'S FEES AND ALL REASONABLE COSTS INCURRED IN THE COLLECTION OF THE INDEBTEDNESS.

SIGNED BY :	<input type="text"/>	PRINT NAME :	<input type="text"/>
NAME OF FIRM :	<input type="text"/>	TITLE :	<input type="text"/>
EMAIL ADDRESS :	<input type="text"/>	TELEPHONE NUMBER :	<input type="text"/>

IN CONSIDERATION OF CREDIT BEING EXTENDED TO THE ABOVE NAMED FIRM, I (WE, IF MORE THAN ONE PERSON IS EXECUTING THIS GUARANTY THEY WILL BE JOINTLY AND SEVERALLY LIABLE) PERSONALLY GUARANTEE ALL INDEBTEDNESS, INTERESTS, COSTS, AND ATTORNEY'S FEES, IF ANY, THAT MAY BECOME DUE. I (WE) FURTHER AGREE THAT THE LIABILITY HEREUNDER IS DIRECT AND PRIMARY. THERE IS NO OBLIGATION ON THE PART OF REDI-CARPET TO EXHAUST REMEDIES AGAINST THE ABOVE NAMED FIRM PRIOR TO ENFORCEMENT OF THE GUARANTY. THIS GUARANTY IS AN ABSOLUTE, COMPLETE, AND CONTINUING GUARANTY, AND NO NOTICE OF INDEBTEDNESS CREATED BY THE ABOVE FIRM OR ANY EXTENSION OF CREDIT ALREADY OR HEREINAFTER EXTENDED NEED BE GIVEN. THE TERMS OF INDEBTEDNESS MAY BE ARRANGED, EXTENDED, AND/OR RENEWED WITHOUT NOTICE TO THE GUARANTEE. I (WE) AGREE TO, WITHIN TEN (10) DAYS FROM THE DATE OF DEMAND, PAY ANY AND ALL INDEBTEDNESS WHICH IS OWED BY THE ABOVE NAMED FIRM TO PROTECTIVE SERVICES CO., INC., PLUS ALL INTEREST, COSTS, AND ATTORNEY'S FEES, IF ANY, THAT ARE DUE AND OWING.

SIGNED BY :	<input type="text"/>	PRINT NAME :	<input type="text"/>
NAME OF FIRM :	<input type="text"/>	TITLE :	<input type="text"/>
EMAIL ADDRESS :	<input type="text"/>	TELEPHONE NUMBER :	<input type="text"/>

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To Be Faxed and Mailed

or

Uses Default email client on computer