

# PRODUCTION STUDIOS

## Lowe's Accounts Receivable (LAR) Credit Application

APPLICANT: Please read the following before completing this form. (1) Applicant represents that the information given in this Application is complete and accurate and authorizes us to check with credit reporting agencies, credit references and other sources we deem appropriate in investigating it. (2) Signatory must be a proprietor, general partner or officer of the company with authority to enter into contractual agreements to borrow money. (3) ~~The Personal Guaranty section (Section 3) can only be completed by an owner/officer or other authorized individual.~~ (4) Please read the attached Key Credit Terms and sign below before submitting your application.

### SECTION 1 – Account Information

Will this account be used for new construction?  Yes  No (If yes, please also complete Section 6.)

Is your business tax exempt?  Yes  No (If yes, please provide tax exempt certificate to store.)

If you want to limit single purchase amounts, enter the amount here: \$ \_\_\_\_\_

Is a PO required with account purchases?  Yes  No Enter additional purchasing instructions, if any: \_\_\_\_\_

Estimated Monthly Expenditures at Lowe's \$ \_\_\_\_\_

Please provide the full name of each Authorized Buyer, including yourself. (Check the box if you want a Buyer ID Card issued for each Authorized Buyer added):

Name \_\_\_\_\_  Name \_\_\_\_\_  Name \_\_\_\_\_

### SECTION 2 – Company Information

Company/Applicant Full Legal Name (Account will be set up in this name) \_\_\_\_\_

DBA Name (if different than Legal Name) \_\_\_\_\_

Street Address (Street Name and Number Required) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone No. \_\_\_\_\_ Tax ID\* (or fei#) \_\_\_\_\_

\*Required by USA Patriot Act. Social Security # may be provided if business is a sole proprietorship and you do not have a Tax ID.

Parent Co. Name \_\_\_\_\_ Provide E-mail Address here (optional): \_\_\_\_\_

By providing your e-mail address to Lowe's, Synchrony Bank and their affiliates, you consent to receive e-mail communications about your Lowe's business credit account, special offers and updates.

Business Type  Corporation  Proprietorship  Government  Nonprofit  Limited Partnership  Partnership

Business Description  Construction  Repair/Remodel  Retail  Specialty Trade  Property Mgt.  Gov't/School/Org  Business  Other

No. of Employees \_\_\_\_\_ Year Business Started \_\_\_\_\_ Annual Revenue \$ \_\_\_\_\_

### SECTION 3 – Personal Guaranty

**To increase the likelihood of approval, you should be able to answer Yes to one of the following statements:**  
 1. The company has been in business for more than three years.  
 Or, 2. I am willing to personally guarantee this account.  
 Or, 3. The company is an established business but does not have an established business credit history, and therefore, I am willing to offer a Personal Guaranty.

**To offer a Personal Guaranty, please complete the information below:**

Business Principal  Yes  No Guarantor's Title \_\_\_\_\_

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_

Home Address \_\_\_\_\_

(Street Name and Number Required)

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone No. \_\_\_\_\_ Alternate Phone No. \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security No. \_\_\_\_\_ Annual Net Income\* \_\_\_\_\_

Personal Guarantor Signature \_\_\_\_\_ Date \_\_\_\_\_

If you sign this section of the Application, you agree to jointly and severally, unconditionally personally guarantee the performance of all obligations under, and the payment upon demand of all amounts due on the Lowe's Accounts Receivable Account that is opened with this Application, without requiring us to first pursue the buyer also liable on the Account. You also waive any notices regarding the governing credit agreement or this Guaranty. This Guaranty shall be in effect until the Agreement has terminated and all amounts due thereunder have been fully paid. Guarantor agrees that if the Account is not paid as agreed, the creditor may report Guarantor's liability for and the status of the Account to credit bureaus and others who may lawfully receive such information. You also understand and agree that your personal credit will be used in making credit decisions on the Account and consumer reports and other inquiries regarding your credit may be obtained from time to time by the creditor or any assignee in connection with the Account. You consent to Lowe's, Synchrony Bank ("SYNCB") and any other owner, assignee or servicer of the Account contacting you about the Account, including using any contact information or cell phone numbers you provide, and you consent to the use of any automatic telephone dialing system and/or an artificial or prerecorded voice when calling you, even if you are charged for the call under your phone plan.

~~\*Alimony, child support or separate maintenance income need not be included unless relied upon for credit. Married WI Residents only: If you are applying for an individual account and your spouse also is a WI resident, combine your and your spouse's financial information.~~

### SECTION 4 – Required Signature of Authorized Officer/Owner

(This section must be completed.)

By signing below on behalf of your business, you are applying for a Lowe's Accounts Receivable Account. You represent that your business is a valid business entity, all purchases made on this Account, if approved, will be for business purposes and not for personal, family or household use and you are an authorized representative of the business with authority to enter into contractual agreements to borrow money. On behalf of the business, you understand the Lowe's Accounts Receivable Agreement will govern the Account and that the Agreement will be provided to you upon approval of the Application. You can review the full Agreement by visiting Lowescredit.com; simply go to the Lowe's Business Credit Accounts section and click on 'Learn More', then go to the Lowe's Account Receivable section and click on 'Apply Now'. The Lowe's Accounts Receivable Agreement is governed by federal and North Carolina Law. You authorize us and our assignees to obtain information about you personally (whether or not you have personally guaranteed the account) for purposes of updates, renewals or extension of credit granted as a result of this Application, or in receiving or collecting the Account. You also understand that credit on this Account, once approved, will be extended by, or interests in the indebtedness on your Account may be assigned to Synchrony Bank and that there is no binding contract between us until your Application is approved. You consent to Lowe's, Synchrony Bank ("SYNCB") and any other owner, assignee or servicer of the Account contacting you about the Account, including using any contact information or cell phone numbers you provide, and you consent to the use of any automatic telephone dialing system and/or an artificial or prerecorded voice when calling you, even if you are charged for the call under your phone plan. You understand that Lowe's or its assignee may have the right to place a materialman's lien on the property to which the purchases on the Account were delivered and/or incorporated.

**Federal Law requires SYNCB to obtain, verify and record information that identifies you when you open an account. We will use your name, address, taxpayer ID# and other information for this purpose.**

### Directions for Applicant:

- 1) Please complete and sign application
- 2) Fax application to Lowe's Commercial Credit Underwriting at (877) 896-3839 email to [tony@pacificaventures.com](mailto:tony@pacificaventures.com)
- 3) Please retain application for your records

### SECTION 4 – Continued

Signature of authorized officer/owner \_\_\_\_\_

Name Printed \_\_\_\_\_ Date \_\_\_\_\_

Driver's License No. (or State Photo ID No.) \_\_\_\_\_

Secondary ID No. (Military ID, Bank or Credit Card) \_\_\_\_\_

### SECTION 5 – Billing Information

Billing Contact \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

### SECTION 6 – Complete for New Construction

**Bolded fields are required.**

#### Project Information

**Project Name** \_\_\_\_\_

**Project Street Address** \_\_\_\_\_

(Street Name and Number Required)

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **ZIP** \_\_\_\_\_

#### Property Information

**Property Owner Name** \_\_\_\_\_

**Project Street Address** \_\_\_\_\_

(Street Name and Number Required)

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **ZIP** \_\_\_\_\_

Owner Phone No. \_\_\_\_\_

#### General Contractor Information

**General Contractor Name** \_\_\_\_\_

**General Contractor Address** \_\_\_\_\_

(Street Name and Number Required)

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**General Contractor Phone No.** \_\_\_\_\_

**Contract No.** \_\_\_\_\_

### KEY CREDIT TERMS FOR LOWE'S ACCOUNTS RECEIVABLE ACCOUNT (LAR):

Payment is due in full each billing period.

<b>Annual percentage rate (APR) for purchases if not paid by due date</b>	AK, DE	5%
	GA	16%
	IL, MN	8%
	VA, WA, WV	12%
	PR	6%
	All other states	18%
<b>Method of computing the balance for purchases</b>	Adjusted Balance – Finance Charge is only imposed on past due amounts.	

The information about the costs of the Account described above is accurate as of June 2, 2014. This information may have changed after that date. To find out what may have changed, write to us at P.O. Box 965004, Orlando, FL 32896-5004. If your application is approved, the full terms of the Agreement: (a) will be sent to you with your card, (b) will be governed by federal and North Carolina law and (c) may be changed by us as provided in the agreement.