

APPLICATION FOR CREDIT

Fax to 800-931-7498

Company Information

Company Name: _____

Billing Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Fax: _____

Email: _____

Type of Store: _____ Year Established: _____ State of: _____

Business type (Check one): Corporation Partnership Sole Proprietorship

This address is (Check one): Business Residential

Shipping address has (Check one): Truck Dock No Dock

Names of Owners, Partners, or Officers

Name: _____

Residential Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____

Company Accounts Payable Contact

Person's Name: _____

Phone: _____

Bank Information

Bank Name: _____

Bank Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Fax: _____

Checking Account # _____

Savings Account # _____

Bank Contact Person: _____

Credit References (or fill in areas your form does not cover)

Company Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____

Fax: _____

Contact Person: _____ Acct. # _____

Company Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____

Fax: _____

Contact Person: _____ Acct. # _____

Company Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____

Fax: _____

Contact Person: _____ Acct. # _____

Company Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____

Fax: _____

Contact Person: _____ Acct. # _____

My signature to the right constitutes authority to authorize, and the authorization for release of any and all information regarding my account(s) for the purpose of credit extension.

Should default occur in payment of this account, the entire account shall become due immediately at the Seller's option. If services are rendered by an attorney and/or collection agency for collection of this account without suit, I agree to pay a reasonable sum for such services. The venue of any action to enforce any provisions of this agreement shall be in Elkhart County, State of Indiana. I also agree to the terms of Sales published by Accessories by Sherwood.

Authorized Signature (Required): _____

Print Name of Signature: _____

Title: _____ Date: _____