APPLICATION FOR CREDIT

Fax to 800-931-7498



Company Information	<u>Credit Reference</u>	(or fill in areas your form does no	t cover)	
Company Name:	Company Name:	Company Name:		
Billing Address:	Address:			
City: State: ZIP:	City:	State:	ZIP:	
Phone: Fax:	Phone:			
Email:	Fax:			
Type of Store: Year Established: State of:	Contact Person:	Acct.#		
Business type (Check one): 🚨 Corporation 🚨 Partnership 🚨 Sole Pro	oprietorship			
This address is (Check one): $\ \square$ Business $\ \square$ Residential	Company Name:			
Shipping address has (Check one): 🔲 Truck Dock 🗀 No Dock	Address:			
N	City:	State:	ZIP:	
Names of Owners, Partners, or Officers	Phone:			
Name:	Fax:			
Residential Address:	Contact Person:	Acct.#		
City: State: ZIP:				
Home Phone:	Company Name:			
Company Accounts Payable Contact	Address:			
Person's Name:	City:	State:	ZIP:	
Phone:	Phone:			
	Fax:			
Bank Information	Contact Person:	Acct.#		
Bank Name:				
Bank Address:	Company Name:			
City: State: ZIP:	Address:			
Phone: Fax:	City:	State:	ZIP:	
Checking Account #	Phone:			
Savings Account #	Fax:			
Bank Contact Person:	Contact Person:	Acct.#		
My signature to the right constitutes authority to authorize, and the authorization any and all information regarding my account(s) for the purpose of credit extension	n for release of Authorized Signature (Requ	Authorized Signature (Required):		
Should default occur in payment of this account, the entire account shall become mediately at the Seller's option. If services are rendered by an attorney and/or coll	due im- Print Name of Signature:			
for collection of this account without suit, lagree to pay a reasonable sum for such venue of any action to enforce any provisions of this agreement shall be in Elkhart of Indiana. I also agree to the terms of Sales published by Accessories by Sherwoon	n services. The Title: t County, State ———————————————————————————————————	Date:		