



201 Growth Parkway
Angola, IN 46703
P(800) 327.0681 F (260) 665.3047

CREDIT APPLICATION

1.

Company Name: _____ Phone: _____
Mailing Address: _____ Fax: _____
Street Address: _____ Is this a residential Address? _____
City: _____ State: _____ Zip: _____
Type of Business: _____ Year Established: _____ D&B Rating: _____
**Attaching your list for sections 2 & 3 is acceptable.* E-mail: _____

2. _____ TRADE REFERENCES _____

Company Name _____ **Phone:** _____
Account Number: _____ **Fax:** _____
City: _____ **State:** _____ **Zip:** _____
Company Name: _____ **Phone:** _____
Account Number: _____ **Fax:** _____
City: _____ **State:** _____ **Zip:** _____
Company Name: _____ **Phone:** _____
Account Number: _____ **Fax:** _____
City: _____ **State:** _____ **Zip:** _____

3. _____ BANK REFERENCES _____

Bank Name: _____ **Phone:** _____
Mailing Address: _____ **Fax:** _____
City: _____ **State:** _____ **Zip:** _____

4. _____ KEY PERSONNEL _____

President: _____ **Sales Manager:** _____ **Acc. Payable:** _____

5.

- 1.) Number of sales employees? _____ Total Number of employees? _____
- 2.) Estimate of annual sales? _____
- 3.) Average length of time to pay a net 30 invoice? _____
- 4.) Have you been turned over to a collection agency for an uncontested bill in the last year?
- 5.) I agree the secondary discount is applied to invoice(s) if paid w/in the net 45 days? Yes__ No__
- 6.) Will you personally guarantee payment of your past due invoices? Yes__ No__
- 7.) If turned over for collection, are you willing to pay collection and attorney fees? Yes__ No__
- 8.) Please provide a copy of your sales tax exemption certificate, if from Indiana.
- 9.) I agree not to take any unauthorized deductions from invoices.
- 10.) I agree that the jurisdiction and venue for past due collection shall be Angola, Indiana

Signed: _____ **Date:** _____

Printed Name as Signed: _____ **Title:** _____

Personal Guarantee for Corporate Account

The undersigned does hereby personally guarantee payment on demand for the liabilities of:

Company Name _____

Address _____

City, State, Zip _____

I agree that the jurisdiction and venue for any litigation to enforce this guarantee shall be Angola, Indiana.

I agree to pay the total amount invoiced plus the amount of the prompt pay discount (Past Due Total), plus costs of collection for all unpaid balances.

Print Name _____

Signature _____

Home phone number _____

Date _____



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Fax 260.665.3047**