



P.O. Box 507, Angola, IN 46703 Phone: 800-348-0868 Fax: 800-232-0599

CREDIT APPLICATION

1. -----
Company Name: _____ Phone: _____
Mailing Address: _____ Fax: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Type of Business: _____ Year Established: _____ D&B Rating: _____

2. ----- **TRADE REFERENCES** -----

Company Name: _____ Phone: _____
Mailing Address: _____ Fax: _____
City: _____ State: _____ Zip: _____

Company Name: _____ Phone: _____
Mailing Address: _____ Fax: _____
City: _____ State: _____ Zip: _____

Company Name: _____ Phone: _____
Mailing Address: _____ Fax: _____
City: _____ State: _____ Zip: _____

3. ----- **BANK REFERENCE** -----

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

4. ----- **KEY PERSONNEL** -----

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

5. -----

- 1.) 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.) Are you willing to pay a 1.5% monthly service charge on accounts past due? 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.

Signed: _____ Date: _____
Printed or typed name: _____ Title: _____