



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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