

# ACCESSORIES BY SHERWOOD

25272 Leer Drive Elkhart, IN 46514

# Application for Credit

Phone: 800.989.2639

Fax: 800.931.7498

Cust #

In Order to Process this application, All sections must be completed.

## Company Information

Company Name \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Tax ID # \_\_\_\_\_ ⇒ Please Supply a Copy of Your Tax Certificate

Year Established \_\_\_\_\_ State of \_\_\_\_\_

Business Type (Check One)

Corporation    Partnership    Sole Proprietorship

## Owner, Partners, Officers

Name \_\_\_\_\_

Title / Position \_\_\_\_\_ SS # \_\_\_\_\_

Residential Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Home Fax \_\_\_\_\_

Email \_\_\_\_\_

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Name \_\_\_\_\_

Title / Position \_\_\_\_\_ SS # \_\_\_\_\_

Residential Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Home Fax \_\_\_\_\_

Email \_\_\_\_\_

## Company Accounts Payable Contact

Name \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

## Bank Information

Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Checking Account # \_\_\_\_\_

Savings Account # \_\_\_\_\_

Bank Contact Person \_\_\_\_\_

## Credit References

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person \_\_\_\_\_ Acct # \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person \_\_\_\_\_ Acct # \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person \_\_\_\_\_ Acct # \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person \_\_\_\_\_ Acct # \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

My signature below constitutes authority to authorized and 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 Sellers 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.

X \_\_\_\_\_  
Authorized Signature

X \_\_\_\_\_  
Printed Signature

X \_\_\_\_\_ X \_\_\_\_\_  
Title Date