

ACCESSORIES BY SHERWOOD

25272 Leer Drive

Elkhart, IN 46514

Cust #

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

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

Application for Credit

Phone: 800.989.2639

Fax: 800.931.7498

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

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

Title

X

Date