



Credit Application – Business

Return To:

P.O. Box 160
Shelbyville, IN 46176
PH: (317) 398 - 6655

Company Name: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

DBA: \_\_\_\_\_ Email: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Address: \_\_\_\_\_
Street City State ZIP

Billing Address: \_\_\_\_\_
Street City State ZIP

Federal ID Number: \_\_\_\_\_ [ ] Taxable [ ] Non Taxable (Please attach sales tax exemption certificate.)

Nature of Business: [ ] Corporation [ ] Partnership [ ] Proprietorship [ ] Limited Partnership [ ] Other \_\_\_\_\_

Date Business Established: \_\_\_\_\_ If Incorporated, State in Which Incorporated: \_\_\_\_\_ Year Incorporated: \_\_\_\_\_

Name(s) of Owner(s), Partner(s) and/or Officer(s):

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Residence Address: \_\_\_\_\_
Street City State ZIP

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Residence Address: \_\_\_\_\_
Street City State ZIP

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Residence Address: \_\_\_\_\_
Street City State ZIP

Bank Reference:

Bank Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_
Street Address City State ZIP

Authorization to Order:

Name/Title Name/Title

Name/Title Name/Title

TERMS AND CONDITIONS

It is agreed the buyer will pay all invoices within stated terms and agrees to all terms contained in invoices supplied by seller as may be amended from time to time.

If legal action becomes necessary by either buyer or seller, the buyer agrees that this or any contemporaneous or subsequent agreement will be governed as to validity, interpretation, construction, effect and all other respects by laws of the State of Indiana.

Buyer further agrees that any line of credit desired or approved is not the limitation of liability, and the undersigned expressly agrees that it will be responsible for valid charges in excess of a line of credit either desired or approved.

Having obtained all necessary authority, the undersigned authorizes seller and its agents, attorneys and employees to investigate the credit standing, financial circumstances and responsibility of buyer and all owners, partners, and/or officers listed, and authorizes and instructs all persons having information concerning buyer's credit standing, financial circumstances and responsibility to release such information to seller, its agents, attorneys or employees.

The buyer further grants to seller a security interest in buyer's equipment, contract rights, inventories, receivables and proceeds of sales as collateral to secure the buyer's performance of all obligations.

All the information supplied by buyer is correct to the best of the knowledge of the undersigned, and the buyer understands that all goods or services purchased from seller are subject to all terms and conditions contained in this credit application and agreement and all other terms and conditions contained on any of the seller's invoices.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Payment Options: By Phone, Mail or Online at www.shelbycountyco-op.com

FOR OFFICE USE ONLY

Account: \_\_\_\_\_ Approved By: \_\_\_\_\_ Date: \_\_\_\_\_