



**CREDIT APPLICATION**

*Business Information*

Legal Business Name \_\_\_\_\_  
Billing Address \_\_\_\_\_  
Location Address if different than above \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax# \_\_\_\_\_  
Email Address \_\_\_\_\_ Website: \_\_\_\_\_  
Federal ID# \_\_\_\_\_ Date business began \_\_\_\_\_  
Business License # \_\_\_\_\_ Sales Tax # \_\_\_\_\_  
Type of ownership:  individual  partnership  corporation in State of \_\_\_\_\_  
Names, titles & address of owners/officers \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Banking Information*

Bank Name \_\_\_\_\_ Account # \_\_\_\_\_  
Address \_\_\_\_\_  
Contact name \_\_\_\_\_ Phone# \_\_\_\_\_ Fax # \_\_\_\_\_

*Trade References*

1. Name \_\_\_\_\_ Account # \_\_\_\_\_  
Address \_\_\_\_\_  
Contact \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_  
2. Name \_\_\_\_\_ Account # \_\_\_\_\_  
Address \_\_\_\_\_  
Contact \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_  
3. Name \_\_\_\_\_ Account # \_\_\_\_\_  
Address \_\_\_\_\_  
Contact \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_  
4. Name \_\_\_\_\_ Account # \_\_\_\_\_  
Address \_\_\_\_\_  
Contact \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

*Read and sign the following statement*

You are authorized to contact parties indicated on this application for verification, for purposes of obtaining credit. I hereby certify that the information given in this application is true and accurate and any financial information submitted correctly reflects our financial condition. We agree to pay all invoices within 30 days of the invoice date, and to pay service charges on amounts paid after due date at a rate of 1.5% per month,(18% annual percentage rate). Accounts with a balance past due 30 or more days are subject to credit discontinuance with or without notice. In the event a suit is instituted to collect amounts owing to us, the purchaser shall pay all reasonable costs and expenses, including attorney fees incurred by WASP Archery Products.

Authorized signature \_\_\_\_\_ Date \_\_\_\_\_