



600 S. Washington Street

P.O. Box 509

Dale, IN 47523

Phone: 812-937-4445 • Fax: 812-634-8011

CREDIT APPLICATION AND AGREEMENT

This Credit Application Is Being Submitted By:

1. Name: Accounts Payable Contact:
Additional Name: Line of Credit Desired \$
Address: Line of Credit Approved \$
Billing Address: Phone
Nature of Business: Social Security No.:
Date of Birth:
Employer I.D. No.:
Taxable () Non Taxable ()
(If non taxable, please fill in Indiana sales tax exemption certification on reverse side.)
PO Required Yes No
Corporation () Partnership () Proprietorship ()
Limited Partnership () LLC ()
Other () Explain:
Date Business Established:
If incorporated, State in which incorporated: Year:

2. BANK REFERENCES:
Bank: Branch:
Address:
Loan Officer: Phone
Bank Credit Line: Secured? Yes No
Personal Guaranty: Yes No Explain:
Checking () Account Number
Savings () Account Number
Loan () Account Number

3. TRADE REFERENCES:
A. Name: Phone:
Address: Credit Mgr.:
Annual Purchases: Credit Line:
Balance Currently Owed: Secured?
Explain:
B. Name: Phone:
Address: Credit Mgr.:
Annual Purchases: Credit Line:
Balance Currently Owed: Secured?
Explain:

4. The following are authorized to charge on this account on behalf of applicant:

See backside for additional terms and conditions.