



APPLICATION FOR CREDIT

P.O. Box 88901 Seattle, WA 98138 | 425-242-5970 ext. 107 Ph | 425-242-5971 Fax

**BUSINESS CONTACT INFORMATION**

Name/Title		Years in business	
Company name		<input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other	
Phone   Fax			
E-mail			
Registered company address		Federal Tax ID #	

**BUSINESS/TRADE REFERENCES**

Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	

**OWNERS**

Name		Home Phone	
Home Address		E-mail	

**AGREEMENT**

**PLEASE READ AND SIGN THE FOLLOWING STATEMENT:**

I certify that the information given in this application is true and accurate, and any financial information submitted correctly reflects our financial condition. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the companies listed in this credit application to release necessary information to Clean-Shot Archery to verify the information.

I understand that we may be charged a rate of 1.5% per month (or the maximum allowable amount) on any amounts not paid by the due date.

DATE \_\_\_\_\_ BY \_\_\_\_\_ TITLE \_\_\_\_\_

**OWNER PERSONAL GUARANTEE:**

For value of the merchandise received, I hereby unconditionally guarantee always, full and prompt payment, upon demand, of any indebtedness which has been incurred under this agreement. I understand this to mean that I will personally guarantee payment of all debts and obligations under this agreement.

DATE \_\_\_\_\_ BY \_\_\_\_\_ PRINT NAME \_\_\_\_\_