

# Credit Application



Credit Department  
 P.O. Box 746 Hopkinsville, KY 42241-0746  
 Phone (800) 626-8350 Fax (270) 881-1201

Applicant			
Business Name			
DBA:			
Address			
City/State/Zip			
Phone	Fax	Email	
Business Type:	Sole Proprietor <input type="checkbox"/>	Partnership <input type="checkbox"/>	Corporation <input type="checkbox"/> State Incorporated: <input type="checkbox"/>
Date Business Established:		Years in Business:	
Tax ID Number:		Sales & Use Tax #:	
(Federal ID # or Social Security Number)		(Must attach copy of Certificate)	
D & B Number:		Amount of Credit Requested:	

Ownership/Officers		
Name	Title	Phone Number

Contacts		
Name	Title	Phone Number
	Manager	
	Purchasing	
	Accounts Payable	

Financial Information			
Gross Sales	_____	Cash	_____
Cost of Goods Sold	_____	Accounts Payable	_____
Expenses	_____	Notes Payable	_____
Other	_____	Other	_____

Bank References			
Name _____	Contact _____	Phone Number _____	
Account Number _____	Address _____		
Name _____	Contact _____	Phone Number _____	
Account Number _____	Address _____		
Name _____	Contact _____	Phone Number _____	
Account Number _____	Address _____		

## Trade References

Name _____	Contact _____	Phone Number _____
Account Number _____	Address _____	
Name _____	Contact _____	Phone Number _____
Account Number _____	Address _____	
Name _____	Contact _____	Phone Number _____
Account Number _____	Address _____	
Name _____	Contact _____	Phone Number _____
Account Number _____	Address _____	

**Authorization to obtain credit information.**

I, the undersigned, authorize Ebonite International Inc. or its agency to investigate my personal credit and financial records. As part of such investigation, I authorize Ebonite International, Inc. to request and obtain consumer credit reports on me in connection with the opening, monitoring, renewal, and extension of this and other accounts with Ebonite International, Inc. By signing this application, I authorize all trade references and bank references to supply all requested information to secure an account with Ebonite International, Inc.

I authorize Ebonite International, Inc. to share the information received from my consumer credit report with Ebonite International, Inc.'s parent, subsidiaries, affiliates, and others if applicable.

**Submitted information is true and correct.**

I, the undersigned, warrant that the information submitted is true and correct and will be used as a basis to grant credit. Since this information is the basis of the granting of credit, any misrepresentation in this application will be considered evidence of fraud.

**Payment Terms**

- A) Payment will be made by the Customer under the terms specified by each individual invoice. Accounts with past due invoices will result in orders being placed on hold pending account payment to a current basis. Freight will be the responsibility of the Customer unless otherwise agreed.
- B) Interest will be charge on overdue amounts at the rate of 1.5% per month (18% APR).
- C) Legal costs for recovery of any overdue amounts will be recoverable as a debt due by the Customer.

**Returns**

- A) The return of goods for credit will only be accepted under the following circumstances:
  - 1) All return requests to be submitted in writing for approval
  - 2) Goods returned with written support noting RA number given by Ebonite
  - 3) Goods must be in original packaging and condition
  - 4) Customer will be responsible for freight/shipping costs of returned goods
  - 5) All returns will be subject to a 15% restocking fee
- B) The following goods will not be accepted for credit:
  - 1) Any product which has been manufactured, modified, or purchased exclusively for Customer
  - 2) Any product which has been damaged or altered in any way

**Personal Guarantee**

The below named signatory represents that he/she is an owner, or officer of Applicant, and that he/she is duly authorized by Applicant to bind Applicant to the terms of this Agreement. In the event that Applicant defaults on this Agreement, the signatory to this Agreement represent and warrants that he/she will be personally responsible and liable for immediate payment in full, upon demand, of all amounts due including any interest charges and costs of collection.

SIGNED _____	PRINT NAME _____
TITLE _____	DATE _____
SIGNED _____	PRINT NAME _____
TITLE _____	DATE _____

Please return completed credit application to Yvonne Gibson, Credit Manger: By mail to P.O. Box 746, Hopkinsville, KY 42241-0746, fax(270) 881-1201 or email to ygibson@ebonite.com.