

BUSINESS CREDIT APPLICATION

PLEASE PRINT • This information will be treated in a confidential manner.

Company Legal Name _____

Trade Name (if different) _____

Billing Address _____ City, State, Zip _____

Shipping Address _____ City, State, Zip _____

County _____ Federal ID Number _____

Check Type of Business

Corporation

Partnership

Sole proprietorship

Email Address _____ Phone _____ Year Established _____

Accounts Payable Contact _____ Present Location Since _____

Parent Company (if subsidiary) _____ Phone _____

Address _____ City, State, Zip _____

Owner's Name (if closely held) _____

Address _____ City, State, Zip _____

SSN _____ Phone _____ Birthdate _____

TRADE REFERENCES:

1. Firm _____ City _____ Phone _____

1. Firm _____ City _____ Phone _____

BANK REFERENCES:

Bank Name _____ Banker's Name _____

Bank Address _____ Phone (____) _____

Dun & Bradstreet Number _____ Monthly Credit Requested (est) \$ _____

I agree to pay according to the terms of each account and request billings to be made in the above name. Sunrise Cooperative, Inc. shall be granted in any legal action or other proceeding which may hereafter be initiated to enforce any credit provisions, or to obtain relief for any alleged breach of any credit terms and conditions, shall be entitled to recover all reasonable attorneys' fees and costs and expenses, in addition to all other relief which they may be entitled.

Signed _____ Title _____ Date _____

I personally guarantee payment of all company charges, as consideration for Sunrise Cooperative Inc to extend credit to the above-named applicant. Sunrise Cooperative, Inc. shall be granted in any legal action or other proceeding which may hereafter be initiated to enforce any credit provisions, or to obtain relief for any alleged breach of any credit terms and conditions, shall be entitled to recover all reasonable attorneys' fees and costs and expenses, in addition to all other relief which they may be entitled.

Signed _____ Signed _____

**Must be signed if closely held*

(guarantor)

(guarantor)

We agree to the conditions of an open account: this is a 30-day account, all charges are due by the last business day of month following billing, and a finance charge of 2% per month will be assessed if statement balance is not paid in full before next billing cycle. The Buyer agrees that any legal action brought to enforce terms and provisions shall be venued in Sandusky or Huron County, OH.

BUSINESS CREDIT APPLICATION (CONTINUED)
Additional Applicants Page

If applicant is a Corporation, Partnership, LLP, LLC, LTD or Trust, all additional owners must sign below.

Co-Applicant(s):

Name: _____ Title: _____

Address: _____ City, State, Zip: _____

SSN: _____ Birthdate: _____

Name: _____ Title: _____

Address: _____ City, State, Zip: _____

SSN: _____ Birthdate: _____

Name: _____ Title: _____

Address: _____ City, State, Zip: _____

SSN: _____ Birthdate: _____

I personally guarantee payment of all company charges, as consideration for Sunrise Cooperative Inc. to extend credit to the above-named applicant. The guarantor agrees that any legal action brought to enforce terms and provisions shall be venued in Sandusky or Huron County, OH. By the signature(s) below, I/we agree to be bound by the Dealer's credit terms and acknowledge receipt of a copy of the credit terms.

Printed Name _____ Date _____
(guarantor)

Signature _____

Printed Name _____ Date _____
(guarantor)

Signature _____

Printed Name _____ Date _____
(guarantor)

Signature _____
