



BUSINESS CREDIT APPLICATION

COMPANY INFORMATION:

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____ Fed Tax ID: _____

Phone: (____) _____ Fax: (____) _____ Mobile: (____) _____

Web Address: _____ E-Mail: _____

GENERAL BUSINESS INFORMATION:

Type of Business _____ Years in Business _____ Are your purchases tax-exempt? ** _____ Purchase order number required? _____

** Tax-exempt customers must provide a completed Indiana General Sales Tax Exemption Certificate (Form ST-105) with the completed credit application. This form is available through the Indiana Department of Revenue at: <http://www.in.gov/dor/3504.htm>

Owner/Officer	Title	Home Address	Email Address
_____	_____	_____	_____
_____	_____	_____	_____

CREDIT INFORMATION:

Credit Limit Requested: \$ _____

Accounts Payable Contact: _____ Phone: (____) _____

Accounts Payable Email: _____

Bank Name: _____ Phone (____) _____

Account Number: _____ Contact: _____

TRADE OR ACCOUNT REFERENCES

List 3 companies with which you currently do regular business

Company	City/ST	Phone	Fax	Email
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

The undersigned represents and warrants that he/she is duly authorized to submit this application on behalf of the applicant. The above statements are material representations and are given for the purpose of obtaining the extension of credit from SPEAR CORPORATION. Applicant affirms that any credit extended by SPEAR CORPORATION will be used strictly for business or commercial purposes and not for personal, family, or household purposes. SPEAR CORPORATION may establish, adjust, and/or terminate the availability of credit, including limits, at its sole discretion. In the event credit is extended, the applicant agrees to the following: (1) To pay for all purchases pursuant to terms and conditions of SPEAR CORPORATION's invoices, and those contained herein, (2) To pay SPEAR CORPORATION a delinquency charge of 1 1/2% per month (18% per annum) on any amount remaining unpaid 30 days after the date of invoice, (3) To pay SPEAR CORPORATION's reasonable costs of collection, including attorney's fees, which, because such costs are extremely difficult and impracticable to fix, the parties agree shall be not less than 25% of any outstanding obligation of the undersigned to SPEAR CORPORATION (as a fair and reasonable estimate of such costs of collection), (4) To pay all sums due to SPEAR CORPORATION at its address in Putnam County, Indiana. The state or federal courts of Hendricks County, Indiana shall be the exclusive jurisdiction and venue for any and all claims or disputes arising, directly or indirectly, out of this instrument.

The undersigned certifies that the above information is true and correct, and the applicant agrees to pay this account in accordance with SPEAR CORPORATION's credit terms. The applicant authorizes SPEAR CORPORATION to verify information and/or obtain additional information by securing data from a credit reporting agency.

Owner or Officer Signature:

Printed Name: _____

Title or Position: _____

Date Of Application: _____

PLEASE MAIL ALL PAYMENTS TO:

Spear Corporation
12966 N. County Road 50 West
Roachdale, IN 46172

Email completed application to ar@spearcorp.com or fax to (765)522-1702

12966 N County Road 50 W | Roachdale, Indiana 46172 | 765.522.1126 | 800.642.6640 | www.spearcorp.com  