

# CONFIDENTIAL CREDIT APPLICATION

– PLEASE COMPLETE FULLY –

*Missing information will cause delays in establishing a line of credit or may result in returning the application to you.*



www.escaladesports.com

P.O. Box 889, Evansville, IN 47706  
817 Maxwell Ave., Evansville, IN 47711  
Tel: 812-467-1200 Fax: 812-467-1300

**The following is submitted for your consideration as a basis for opening an account with us:**

The name of your company is: \_\_\_\_\_

Is your company known by any other name? (If so, please list): \_\_\_\_\_

Parent company: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Business website (if applicable): \_\_\_\_\_

Email Invoices (Y or N) to: \_\_\_\_\_

We operate \_\_\_\_\_ business. We have been established for \_\_\_\_\_ years.  
*(State type and nature of business)*

Corporation  Co-Partnership  Limited Partnership  Individual Business

We are incorporated under the state laws of: \_\_\_\_\_ Federal ID # \_\_\_\_\_

Principal Owners or Stockholders:

NAME	POSITION	HOME ADDRESS	CITY	STATE	ZIP	HOME PHONE

Name and Address of your bank: \_\_\_\_\_

Account #: \_\_\_\_\_ Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Financial statements are an integral part in establishing a line of credit. Please attach the latest BALANCE SHEET and PROFIT AND LOSS STATEMENT.

In the event of litigation, the rights and remedies of the parties shall be determined in accordance with the laws of the State of Indiana. Preferred venue shall lie in Vanderburgh County, Indiana. We believe that our firm is financially able to meet any commitments we have made and we will pay your invoices according to your terms. We agree to pay all attorney and collection fees as well as a service charge at the highest lawful rate or 2% per month, whichever is lower, on all past due invoices.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Trade References: *(Please print or type)*

1. Name: \_\_\_\_\_ 2. Name: \_\_\_\_\_ 3. Name: \_\_\_\_\_

Account #: \_\_\_\_\_ Account #: \_\_\_\_\_ Account #: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ City: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_ Email: \_\_\_\_\_

*(If you have more trade references to list, please type them on a separate sheet of paper and attach.)*

**In consideration of credit extended, I do hereby personally guarantee payment of the balance due on my account.**

Signature: \_\_\_\_\_ Social Security # \_\_\_\_\_ Date: \_\_\_\_\_