

Credit Application

2662 Cass Rd, Traverse City, MI 49684 - Phone# 231-346-8717 - cbush@tentcraft.com

In order to process your request, this application must be signed. Please email completed form to your TentCraft sales representative.

Company or Individual			Physical Address		
Federal Tax ID#		Mailing Address			
Phone Number Website			City, State, Zip		
Business Information	☐ Corporation ☐ Partn	ership	☐ Proprietorship ☐ No	n-Profit	
(D/B/A) Trade Name Have you filed Bankruptcy? Accounts Payable Contact Phone Number	If yes, when? _	If les	s than 2 years, please provide Individual Dun & Bradstreet Nun		
Corporate Officer Information Name, Title Address City, State, Zip Phone Number			Individual Guarantor/Proprietor Name, Title Address City, State, Zip Phone Number SSN (Last 4 Digits)		
Accounting Information	Purchase Order # Required?				
Trade References: Minimum	of 3 required Provide infor	mation o	n additional sheet if needed.		
Name of Business	City & State		Contact Name	Phone # / Email	
Bank Reference	1		ı		
Bank Name			Phone Number		
Contact	City & State		Account Number		

TERMS AGREEMENT (Must be signed for account processing)

I/We the undersigned, have listed information for the purpose of obtaining credit. I/We do hereby attest that the information supplied on this application is true and correct. I/We hereby authorize you to investigate the references herein listed, and to investigate other sources to determine my/our credit standing and financial obligations.

I/We do here by agree to pay any and all obligations to TentCraft, Inc and its affiliates under the terms of net thirty (30) days from date of invoice. If, at any time, I/We fail to meet these terms, I/We agree to pay interest computed at the rate of one and one-half percent per month, not to exceed eighteen percent per year and to pay all collection costs in the event that TentCraft should incur them, including but not limited to, reasonable attorney fees if the account is placed in the hands of an attorney for collection. Disputed invoices must be reported within 30 days from invoice date to ensure recovery of monies through credits or refunds.

The company/individual agrees that whoever signs this application for credit is authorized to do so, unless TentCraft is otherwise notified in writing. I/We authorize TentCraft to make whatever credit inquiries it deems necessary in connection with this application.

IMPORTANT: THE CREDIT RELEASE AND AGREEMENT TO TERMS OF THIS APPLICATION MUST BE SIGNED BEFORE WE CAN PROCESS YOUR APPLICATION

Authorized Signor	Individual Guarantor/ Proprietor
Signature	Guarantor's / Proprietor's Signature
Print Name and Title	Print Name
Date	Date
Perso	onal Guarantee
and conditions and to personally guarantee all liab account and further guarantees payment of any me	n of credit to said applicant, hereby agrees to the above terms pilities and responsibilities for payment of the corporation's onies that become due in accordance with the above terms and be extended to the named corporation without this personal
Signature	Date
Print Name and Title	Last 4 Digits of SSN