



# CREDIT APPLICATION AND OPEN ACCOUNT AGREEMENT

PART NO. 999-014  
3/09

Customer # \_\_\_\_\_

Please complete all fields in order for this credit application to be processed in a timely manner.

Date \_\_\_\_\_ Credit Limit Requested \_\_\_\_\_

Firm Name \_\_\_\_\_

Phone Number (\_\_\_\_\_) \_\_\_\_\_ Fax Number (\_\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Name, title and direct phone line of person responsible for check writing decisions. \_\_\_\_\_

Shipping Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Billing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Fed. Tax I.D.# \_\_\_\_\_ Date Business Established \_\_\_\_\_

**Type of Business** (check which one best applies)  Outdoor Power Equipment, Retail, Hardware  Forestry  
 Industrial, Rental, Construction, Maintenance, Amusement  Golf  
 Other (please explain) \_\_\_\_\_

Corporation  Proprietorship  Partnership  Limited Partnership Estimated annual parts purchases \_\_\_\_\_

### NAMES OF OWNERS, PARTNERS OR OFFICERS

Name	Title	Residence Address	Home Phone	S.S. #
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

### TRADE REFERENCES

Name	Name	Name
_____	_____	_____
City _____	City _____	City _____
State/Zip _____	State/Zip _____	State/Zip _____
Fax No. _____	Fax No. _____	Fax No. _____
Phone No. _____	Phone No. _____	Phone No. _____
Account No. _____	Account No. _____	Account No. _____

### TERMS AND CONDITIONS

In consideration of the extension of credit by Stens Corporation (Seller) to Applicant, the undersigned does jointly and severally personally guarantee to pay and be responsible for payment (and not merely collection) of all invoices in accordance with stated terms and interest will be assessed on delinquent invoices at the rate of 2.0% (per month 24% A.P.R.) together with any court costs, attorney's fees, and costs of collection the seller may incur in enforcing the terms of this agreement. If legal action becomes necessary by either seller or buyer, it is also agreed that this or any contemporaneous or subsequent agreement will be governed as to validity, interpretation, construction, affect, and in all other respects by the laws of the State of Indiana. Buyer, by signing below, authorizes the release of any and all credit information to Stens Corporation.

Authorized Signature \_\_\_\_\_ Title \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_



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**OFFICE USE ONLY**  
Stens Representative's initials \_\_\_\_\_