

# CHECK/ACH ACCEPTANCE APPLICATION – PLEASE FORWARD TO YOUR BANK

## Business Information

Please provide us with the following information to process application. All information on this form will be held confidential to **Zanders Sporting Goods, 801 Bradbury Lane, Sparta, IL 62286**

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Email Address

(\_\_\_\_\_) (\_\_\_\_\_) \_\_\_\_\_  
Phone # Fax #

(\_\_\_\_\_) \_\_\_\_\_  
Cell #

Type of Ownership: \_\_\_\_ Individual \_\_\_\_ Partnership

\_\_\_\_ Corporation \_\_\_\_ LLC

\_\_\_\_ Years in Business

\_\_\_\_\_  
Owner's Signature

## TO QUALIFY YOU MUST:

1. Have no returned checks or ACH transactions on record.
2. Established Banking History of at least six (6) months. If you do not have a business account with six (6) months' history, please provide a personal account or other business related account with at least six (6) months' history.
3. Completely fill out, sign and return application by fax 618-443-2804 or Email: [accounting@gzanders.com](mailto:accounting@gzanders.com). (A facsimile or copy of my signature shall be deemed to be an original).

## Business References

List two (2) Business References that extended you credit, which means Open Account, ACH or Check. References are required in the FIREARMS/ARCHERY INDUSTRY.

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip

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

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

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip

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

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

## The undersigned hereby agrees to the following:

1. All purchases will be paid for according to terms.
2. In addition to any other charges, there will be a \$25 service charge for all returned checks or ACH transactions.
3. If this account is placed with an agency for collection or an attorney for legal action, the applicant will pay all additional collection costs incurred and permitted under the laws governing these transactions.

## Bank Reference

\_\_\_\_\_  
Bank Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip

(\_\_\_\_\_) (\_\_\_\_\_) \_\_\_\_\_  
Phone # Fax # (if known)

\_\_\_\_\_  
Checking Account #

## Below to be completed by your bank

Date Account Opened \_\_\_\_\_

Regular Deposits: Yes \_\_\_\_\_ No \_\_\_\_\_

Average Balance \_\_\_\_\_

# Of Times Overdrawn \_\_\_\_\_

Is this account satisfactory? \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
This application is correct to the best of my knowledge, and I hereby authorize Zanders Sporting Goods to contact all references on this application.

We also authorize these references to provide Zanders Sporting Goods with credit history as shown in their files.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\*If you intend to pay via ACH, please complete page 2 of this form and return both at the same time.

**Accounting Fax: 1-618-443-2804 • Accounting Email: [accounting@gzanders.com](mailto:accounting@gzanders.com)**

# ACH AUTHORIZATION

CUSTOMER NAME: \_\_\_\_\_

ZANDERS' CUSTOMER NUMBER OR ZIP CODE: \_\_\_\_\_

I (we) hereby authorize Zanders Sporting Goods to debit the following checking account.

Name as it appears on check	
Bank Name	
Bank Phone Number	
Transit/ABA Number	Account Number

This is to remain in effect until Zanders Sporting Goods, or you the customer, terminates this agreement through written notification to the opposite party.

Name(s), Print	
Date	Signature

- \* A VOIDED CHECK must be attached.**
- \* If banking information changes please notify Accounting at the above contact information.**
- \* In the event of a returned ACH transaction for any reason, a \$25.00 per return fee will be applied per our Terms and Conditions of Sale.**