

CHECK 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

SS#

TO QUALIFY YOU MUST:

1. Have no returned checks 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. (A facsimile or copy of my signature shall be deemed to be an original).

Business References

List two (2) Business References that offer you credit, which means open account or C.O.D. 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 \$50 service charge for all returned checks.
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 filled in by 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 our credit history as shown in their files.

Signed

Title

Date

Accounting Fax: 1-618-443-2804 • Accounting Email: accounting@gzanders.com