

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

() ()

Phone # Fax #

()

Cell #

Type of Ownership: _____ Individual
_____ Partnership _____ Corporation _____ LLC

_____ Years in Business

Owner's Signature: _____

SS#: _____

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 INDUSTRY.

Company name

Address

City/State/Zip

Phone# Account #

Company name

Address

City/State/Zip

Phone# Account #

Bank Reference

Bank name

Address

City/State/Zip

() ()

Phone # Fax # (If known)

Checking Account #

Savings 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

TO QUALIFY

YOU MUST:

1. Have an excellent Bank Record
2. Have no returned checks on record.
3. Established Banking History of at least six (6) months.
4. Completely fill out, sign and return application by fax 618-443-2804 or mail to 801 Bradbury Lane Sparta, IL 62286 (A facsimile or copy of my signature shall be deemed to be an original.)

The undersigned hereby agrees to the following:

1. All purchases will be paid for according to terms.
2. Any payment not made as agreed shall bear interest at the highest legal rate per month from the due date until paid.
3. In addition to any other charges, there will be a \$30 service charge for all returned checks.
4. 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.

Accounting Fax 1-618-443-2804

Revised 4/2011