

Credit Application

Thank you for your desire to obtain credit with Spectrum Aquatics. Please note that applications cannot be processed without all fields filled out, especially **ACCOUNTS PAYABLE CONTACT INFORMATION, DESIRED CREDIT AMOUNT**, and list of **CREDIT REFERENCES** (including their contact information). If you would like to provide a list of credit references on a separate sheet feel free to do so.

Please provide contact information for the person filling out this application in case of questions:

Name: _____ Phone: _____ E-Mail: _____

Company Information

Firm or Business Name: _____

Doing Business as (DBA): _____

Billing Address: _____ City/State: _____ Zip: _____

Shipping Address: _____ City/State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

D-U-N-S Number: _____

Accounts Payable Information:

Name: _____ Phone: _____ E-Mail: _____

Ownership (Name of Parent Co., if subsidiary): _____ Proprietorship Partnership Incorporated

Proprietor, Partners, of Officers, if Incorporated:

Name: _____ Home Address: _____

SSN: _____

Name: _____ Home Address: _____

SSN: _____

Federal Tax or Social Security Number: _____

Principal Business of Firm: _____

Year Business Establishment: _____ If Business is Incorporation, State of Incorporation: _____

Are You Sales Tax Exempt? _____ (if yes, please attach your certificate and/or fill out the Uniform Sales and Use Certificate provided)

Have you applied for Credit with Spectrum Aquatics before? _____

Pending Lawsuits Against Company (if so, please explain):

List employee's names and titles that can authorize purchases for your company:

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____

Title: _____

Credit Application

Credit Information

Estimated Maximum Credit Desired: \$ _____

Bank Reference – PLEASE ALSO SIGN AND PROVIDE THE BANK REFERENCE RELEASE FORM ENCLOSED IN THIS PACKET.

Name of Bank: _____
Bank Account #: _____
Phone #: _____ Fax #: _____
Contact Name: _____ E-mail: _____

Credit References

Please provide trade references that you have established credit limits in line with the amount that you are requesting from Spectrum Aquatics.

TELEPHONE AND FAX NUMBERS MUST BE PROVIDED

1)	Name: _____	2)	Name: _____
	Address: _____		Address: _____
	Phone: _____		Phone: _____
	Fax: _____		Fax: _____
	Contact: _____		Contact: _____
	E-mail: _____		E-mail: _____
3)	Name: _____		
	Address: _____		
	Phone: _____		
	Fax: _____		
	Contact: _____		
	E-mail: _____		

I understand I am applying for credit with Everlast Climbing Industries, d.b.a Spectrum Aquatics., and agree to the Terms and Conditions of Everlast Climbing Industries. Furthermore, I represent that the above information is true and correct to the best of my knowledge. I authorize Everlast Climbing Industries to make such credit investigation as necessary, including contacting your trade references and banks to obtain credit and trade information I authorize all trade references, banks, and credit reporting agencies to disclose and provide all information concerning the financial and credit history of my company and me. Additionally, the undersigned agrees to pay all reasonable attorneys' fees, collection fees, return check fees, and finance and late charges due (subject to any limitations imposed by law), if Everlast Climbing Industries is required to collect and is judged to be the prevailing party. The undersigned agrees not to transfer or assign this agreement without the prior written consent of Everlast Climbing Industries and agrees to give written notice to Everlast Climbing Industries prior to the sale or transfer of all or substantially all of the stock or assets of our business. If undersigned fails to do so, company or person shall remain fully liable for any unpaid balances, interest or, fees. The undersigned agrees to (if requested by Everlast Climbing Industries) provide current Financial Statements and / or Payment Bond, and / or personal guarantee(s) as a part of the credit approval requirements."

Company Name: _____
Name: _____ Title: _____
Signature: _____ Date: _____