



EWERT
 WHOLESALE SINCE 1894
 Hardware, Security & Safety Products

Ewert, Inc.
 5801 W. 117th Place
 Alsip, IL 60803
 708-597-0059

APPLICATION FOR CREDIT _____

Name of firm _____

Shipping address _____

Mailing address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Contact for orders _____ Contact for payment _____

Email address _____

Contact Email address _____ Billing **Email address** _____

Tax Exempt # _____ Is Purchase Order required? Yes No

Type of business _____ How did you hear about us? _____

Name of corporation if other than billing/firm name _____

| Name(s) of Principle(s) | <u>Complete Address, State & Zip</u> | <u>Phone number</u> |
|-------------------------|--|---------------------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |

Subject to approval of this application, I (we) agree to pay for all goods with 30 days of Invoice date. A charge of 2% per month, 24% per year is charged on past due invoices. Should it become necessary to collect this account through an attorney, by legal proceedings, or otherwise, I (we) the undersigned including endorsers, promise to pay all cost of collection, including reasonable attorney fees. Should your account continue on a delinquent basis, account terms will be terminated and COD terms will be implemented.

I (we) certify that all the information is correct; and that I (we) fully understand your credit terms and agree to the proper payment in consideration of extended credit.

 SIGNED TITLE

 DATE

Please complete Credit portion.
Application must be completed in full. Incomplete forms will not be processed.

CREDIT REFERENCES _____

1. NAME _____ ACCT # _____
ADDRESS _____ PHONE # _____
CITY, STATE, ZIP _____ FAX # _____

2. NAME _____ ACCT# _____
ADDRESS _____ PHONE # _____
CITY, STATE, ZIP _____ FAX # _____

3. NAME _____ ACCT # _____
ADDRESS _____ PHONE # _____
CITY, STATE, ZIP _____ FAX # _____

4. NAME _____ ACCT # _____
ADDRESS _____ PHONE # _____
CITY, STATE, ZIP _____ FAX # _____

FINANCE/BANKING REFERENCE _____

BANK NAME _____ CONTACT _____
ADDRESS _____ PHONE # _____
CITY, STATE, ZIP _____ FAX # _____

Banks require written authorization from their customers for release of account information.
Please complete and sign this authorization.

Name as it appears on account _____

Address _____

City, State, Zip _____

Permission is granted for the release of information to Ewert, Inc.

Signature _____

Account # _____ Date _____

Attached is Ewert, Inc. Sales Policy