

# ACCOUNT APPLICATION



7690 SpartaCraft Drive  
Connelly Springs NC 28612  
(800) 282-8044  
Fax: (828) 397-4933

SpartaCraft Sales Representative: \_\_\_\_\_

Please answer all questions. Incomplete information may cause a delay in the processing of your application.

Firm Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

**Tax ID #:** \_\_\_\_\_

If Subsidiary/Division, Name and Address of Parent Co.  
\_\_\_\_\_  
\_\_\_\_\_

Principle Officers, Partners, or Owner

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Date Established: \_\_\_\_\_

Payment Contact: \_\_\_\_\_

Telephone: \_\_\_\_\_

## Bank Reference

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Account Officer: \_\_\_\_\_

Account Number: \_\_\_\_\_

Line of Credit Requested: \_\_\_\_\_

We require verification from five (5) major trade suppliers with whom you currently have credit terms, and who will respond to requests for credit.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

The suppliers you have listed will be contacted immediately upon receipt of your completed application.

NOTE: Completion of this process is contingent upon a timely response by your trade suppliers to our requests. Orders will be shipped either by COD or credit card until supplier responses are received and credit is approved.

**\*\*Payment Terms: 30 Days from date of invoice\*\***

The undersigned authorizes SpartaCraft, Inc. to contact the listed sources on this application in order to obtain the necessary information to consider the application for credit. Returned Checks are subject to a \$25.00 Service Charge. The undersigned agrees to abide by the selling terms of SpartaCraft, Inc.: Net 30 days from invoice date; late payment charges to accrue at a rate of 1 ½ % per month. The undersigned further agrees to pay to SpartaCraft, Inc. all costs of collection including reasonable attorney's fees, which shall be no less than 10% of the sum owing to SpartaCraft, Inc. whenever SpartaCraft Inc. employs an attorney or other part to enforce collection. This instrument and all rights and remedies of the parties hereto shall be determined by the laws of the State of North Carolina, and the undersigned submits to the personal jurisdiction of the courts of the State of North Carolina.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date