



Essex Brownell  
1601 Wall Street  
Fort Wayne, IN 46802

260.461.5283  
260.425.8129

phone  
fax

## APPLICATION FOR CREDIT

Date \_\_\_\_\_

Line of Credit Desired \_\_\_\_\_

Salesperson \_\_\_\_\_

The undersigned applicant hereby makes application for credit to Essex Brownell LLC. and/or any of its divisions, subsidiaries, or trade styles ("Creditor"), and in making this application the undersigned does hereby agree that all terms and conditions of sale, including payment terms shall be applied in accordance with terms as outlined on each invoice, and if not paid in accordance with terms are then delinquent. Should a credit availability be granted by Creditor, all decisions with respect to extension or continuation of credit shall be at the sole discretion of Creditor. Creditor may terminate any credit availability within its sole discretion. The undersigned applicant agrees to pay their account within terms of sale as stated upon each invoice. If any amounts due are not paid within the agreed period, the undersigned applicant agrees to pay a service charge, on such amounts, of one and one half percent (1½%) per month (18% per annum) or the maximum amount permitted by Indiana law.

If the undersigned applicant's account is placed in the hands of an outside agency for collection, the undersigned agrees to pay reasonable attorney fees and collection costs, even though legal proceedings are not filed. If legal proceedings are filed, the amount of reasonable attorney's fees and court costs shall be fixed by the court in which the proceeding is filed, including any appeal therein. The undersigned applicant agrees that this agreement shall be governed by and construed in accordance with the laws of the State of Indiana. Jurisdiction and venue with respect to any suit in connection with the Agreement shall reside in the Allen Superior Court, State of Indiana, or the Federal District Court, Northern District of Indiana.

Account Name \_\_\_\_\_

Billing Address \_\_\_\_\_ Shipping Address \_\_\_\_\_

City & State \_\_\_\_\_ City & State \_\_\_\_\_

Zip Code \_\_\_\_\_ Zip Code \_\_\_\_\_

Number of Years at this address \_\_\_\_\_ Previous name and location if different in the last five years \_\_\_\_\_

Type of Business \_\_\_\_\_ Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

FORM OF BUSINESS \_\_\_\_\_ Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation – date & state of incorporation \_\_\_\_\_

LIST ALL OWNERS, PARTNERS, OR CORPORATE OFFICERS (and title):

Title \_\_\_\_\_

Title \_\_\_\_\_

Title \_\_\_\_\_

Year Established \_\_\_\_\_ Federal I.D. Number \_\_\_\_\_

Duns Number: \_\_\_\_\_

Accounts Payable Contact \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

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Name of Bank Reference \_\_\_\_\_ Phone Number: \_\_\_\_\_ Fax Number \_\_\_\_\_

**Credit References:** Firms with whom you have done business for at least one (1) year, include minimum of one manufacturer.

Firm Name \_\_\_\_\_ Phone Number: \_\_\_\_\_ Fax Number \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Have you ever filed bankruptcy or been declared insolvent? \_\_\_\_\_ If yes, when and where? \_\_\_\_\_

**PLEASE ATTACH YOUR MOST ENT FINANCIAL STATEMENT OR COPY OF SCHEDULE "L" OF YOUR LATEST CORPORATE TAX RETURN.**

**Please complete and provide a sale and use tax exemption form.**

Any change to the given trading address, legal entity, structure of management, or control of the undersigned applicant will be notified to Essex Brownell in writing within seven (7) days of the change becoming effective. I hereby certify this application is true and correct and authorize Essex Brownell to check the bank and trade references provided and that I have the capacity to sign this application for the applicant named therein.

Name\* \_\_\_\_\_

Witness \_\_\_\_\_

Title \_\_\_\_\_