



CREDIT APPLICATION

Please send all credit information to : Dawn Ferro at dawnf@titelok.com

COMPANY INFORMATION

LEGAL NAME _____ FED. ID# _____ DATE _____
TRADE NAME(S) _____ PHONE _____ FAX _____
MAILING ADDRESS _____ A/P CONTACT _____
CITY _____ STATE _____ ZIP _____ PARENT COMPANY _____
SHIPPING ADDRESS _____ ADDRESS _____
CITY _____ STATE _____ ZIP _____ CITY _____ STATE _____ ZIP _____
☐ CORPORATION ☐ PROPRIETORSHIP ☐ PARTNERSHIP ☐ LIMITED PARTNERSHIP
DATE ESTABLISHED _____ TYPE OF BUSINESS _____
INDUSTRY SERVED _____
DATE OF INCORPORATION _____ STATE OF INCORPORATION _____
ESTIMATED ANNUAL SALES \$ _____ AMOUNT OF CREDIT DESIRED \$ _____

ARE YOU EXEMPT FROM STATE SALES TAX? ☐ NO ☐ YES (FILL OUT FORM BELOW IF CHECKED YES)

GENERAL STATE TAX EXEMPTION CERTIFICATE

PURCHASER'S NAME AS SHOWN ON THE CERTIFICATE _____ CERTIFICATE# _____

☐ BLANKET ☐ SINGLE PURCHASE DESCRIPTION OF ARTICLES _____

☐ SALE TO RETAILER. WHOLESALER OR MANUFACTURER FOR RESALE ONLY

☐ SALE TO MANUFACTURING MACHINERY, TOOLS AND EQUIPMENT TO BE USED DIRECTLY IN DIRECT PRODUCTION

☐ SALE TO NOT-FOR-PROFIT ORGANIZATIONS NOTE: MANY PURCHASES BY NOT-FOR-PROFIT ORGANIZATIONS ARE SUBJECT TO SALES TAX
HEREFORE. PURCHASER CAUTIONED TO READ AND UNDERSTAND THE APPLICABLE TAX LAW BEFORE SIGNING THIS CERTIFICATE.

I HEREBY CERTIFY UNDER THE PENALTIES OF PERJURY, THAT THE PROPERTY THAT IS TO BE PURCHASED BY THE USE OF THIS
EXEMPTION CERTIFICATE IS TO BE USED FOR AN EXEMPT PURPOSE PURSUANT TO THE STATE GROSS RETAIL SALES TAX ACT.

SIGNED _____ TITLE _____ DATE _____

PRINCIPAL INFORMATION

NAME _____ TITLE _____
CITY OF RESIDENCE _____ STATE _____ ZIP CODE _____
NAME _____ TITLE _____
CITY OF RESIDENCE _____ STATE _____ ZIP CODE _____
NAME _____ TITLE _____
CITY OF RESIDENCE _____ STATE _____ ZIP CODE _____

BANKING INFORMATION

ACCOUNT INFORMATION AND AGREEMENT

ACCOUNT NAME _____

BANK INFORMATION (COMPLETE ADDRESS. PHONE AND FAX NUMBER MUST BE FURNISHED)

NAME _____	OFFICER _____
ADDRESS _____	ACCOUNT #'S _____
CITY _____	_____
STATE _____ ZIP CODE _____	_____
PHONE# _____	_____
FAX# _____	_____

TRADE REFERENCES

(COMPLETE ADDRESS AND PHONE NUMBER MUST BE FURNISHED)

NAME _____	NAME _____
ADDRESS _____	ADDRESS _____
CITY _____	CITY _____
STATE _____ ZIP CODE _____	STAT _____ ZIP CODE _____
PHONE# _____	PHONE# _____
FAX# _____	FAX# _____
NAME _____	NAME _____
ADDRESS _____	ADDRESS _____
CITY _____	CITY _____
STAT _____ ZIP CODE _____	STATE _____ ZIP CODE _____
PHONE# _____	PHONE# _____
FAX# _____	FAX# _____

THE UNDERSIGNED PRESENTS THAT THE INFORMATION SUPPLIED ABOVE IS TRUE AND CORRECT SHOULD TITE-LOK BY BLACK-HAWK INC. ITS DIVISION OR SUSIDIARES. EXTEND CREDIT TO THE UNDERSIGNED. THE UNDERSIGNED AGREES TO THE FOLLOWING TERMS

1. ALL INVOICES WILL BE PROMPTLY PAID WHEN DUE.
2. ANY INVOICES NOT PAID WHEN DUE WILL BE SUBJECT TO A FINANCE CHARGE UP TO 3% PER MONTH. NOT TO EXCEED THE MAXIMUM RATE PERMITTED BY LAW
3. IN THE EVENT OF ANY DEFAULT. THE UNDERSIGNED SHALL BE RESPONSIBLE FOR ALL COSTS OF COLLECTION. DAMAGES. AND EXPENSES INCLUDING ACTUAL ATTORNEY'S FEES AND COSTS. WHETHER OR NOT LITIGATION IS COMMENCED.
4. BUYER (S) AGREES THAT VENUE OF ANY ACTION TO ENFORCE ANY PROVISION OF THIS AGREEMENT SHALL BE IN ELKHART COUNTY. STATE OF INDIANA
5. THE UNDERSIGNED HEREBY AUTHORIZED ANY BANK OR OTHER GRANTOR OF CREDIT TO PROVIDE TITE-LOK BY BLACK-HAWK INC AND ITS DIVISIONS OR SUBSIDIARIES INFORMATION REGARDING THE CHARACTER. REPUTATION. FINANCIAL RESPONSIBILITY AND INDEBTEDNESS OF THE UNDERSIGNED.

IF YOUR APPLICATION FOR BUSINESS CREDIT IS DENIED. YOU HAVE THE RIGHT TO A WRITTEN STATEMENT OF THE SPECIFIC REASONS FOR DENIAL. TO OBTAIN STATEMENT. PLEASE CONTACT THE CREDIT MANAGER WITHIN THE SIXTY (60) DAYS FROM THE DATE YOU ARE NOTIFIED OF OUR DECISION. WE WILL SEND YOU A WRITTEN STATEMENT OF REASONS FOR THE DENIAL WITHIN THIRTY (30) DAYS OF RECEIVING A REQUEST FOR THIS STATEMENT

NOTICE: THE FEDERAL EQUAL OPPORTUNITY ACT PROHIBITS CREDITORS FROM DISCRIMINATING AGAINST CREDIT APPLICANTS ON THE BASIS OF RACE. COLOR. RELIGION. NATIONAL ORIGIN. SEX. MARITAL STATUS. AGE (PROVIDED THE APPLICANT HAS THE CAPACITY TO ENTER INTO A BINDING CONTRACT): BECAUSE ALL OR PART OF APPLICANTS INCOME DERIVES FROM ANY PUBLIC ASSISTANCE PROGRAM: OR BECAUSE THE APPLICANT HAS IN GOOD FAITH EXERSIZED ANY RIGHT UNDER THE CONSUMER CREDIT PROTECTION ACT THE FEDERAL AGENCY THAT ADMINISTERS COMPLIANCE WITH THIS LAW CONCERNING THIS CREDITOR IS THE FEDERAL TRADE COMMISSION. EQUAL OPPORTUNITY. WASHINGTON. D.C. 20580

COMPANY NAME _____

DATE _____

SIGNATURE _____

(OWNER/PARTNER OR CORPORATE OFFICER ONLY)

PRINTED NAME _____

TITLE _____