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APPLICATION FOR CREDIT

Name of Firm Or Individual _____ Date _____
Address _____ City _____ State _____ Zip _____
Telephone Number () _____ Fax Number () _____
Federal ID# _____ or Social Security# _____

The following information must be completed in full; and will be held in the strictest confidence.

OWNERSHIP: <input type="checkbox"/> Corporation State of Incorporation _____ <input type="checkbox"/> Partnership <input type="checkbox"/> Individual Years in Business _____			
Bank _____	Acct# _____	City _____	
Contact _____	Phone () _____	FAX () _____	

TRADE REFERENCES

Name _____ Address _____
Contact _____ Phone () _____ FAX () _____

Name _____ Address _____
Contact _____ Phone () _____ FAX () _____

Name _____ Address _____
Contact _____ Phone () _____ FAX () _____

TERMS AND CONDITIONS

IT IS AGREED THAT THE BUYERS WILL PAY ALL INVOICES IN ACCORDANCE WITH STATED TERMS AND INTEREST WILL BE ACCESSED ON DELINQUENT INVOICES AT THE RATE OF 1.5% PER MONTH (18% ANNUM) TOGETHER WITH ANY COURT COSTS, REASONABLE ATTORNEY FEES AND ALL OTHER COSTS OF COLLECTION WHICH THE SELLER MAY INCUR IN ENFORCING THE TERMS OF THIS AGREEMENT, ALL WITHOUT RELIEF FROM VALUATION AND APPRAISEMENT LAWS.

WE CERTIFY THAT ALL OF THE INFORMATION ON THIS FORM IS CORRECT; AND THAT WE FULLY UNDERSTAND THAT SHEARER PRINTING & OFFICE SOLUTIONS TERMS ARE NET 30 DAYS FROM DATE OF INVOICE, UNLESS OTHERWISE STATED ON THE INVOICE, AND AGREE TO THE PROPER PAYMENT IN CONSIDERATION OF EXTENDED CREDIT.

MUST BE SIGNED BY OFFICER OR OWNER: (SIGNED) _____

(PRINTED) _____

Date _____ 20____ Title _____

AUTHORIZATION

IN ACCORDANCE WITH THE FAIR CREDIT REPORTING ACT, PUBLIC LAW 91-508, I AUTHORIZE SHEARER PRINTING & OFFICE SOLUTIONS TO RECEIVE FULL INFORMATION, AS REQUESTED, RELATING TO OUR BANK AND TRADE REFERENCES.

Signature: _____ Date _____

Printed Name: _____ Title _____