



Credit Application

General Information			
Company Name		Contact Name	
Phone Number		Fax Number	
Mailing Address		Shipping Address	
City	State	Zip	
City	State	Zip	
Years In Business	Number of Employees	Business License Number	Sales Tax Number
Type of Business (Circle One)	Individual	Partnership	Corporation
Owner or Officer Information			
Name 1	Title	Home Phone	
Home Address	City	State	Zip
Name 2	Title	Home Phone	
Home Address	City	State	Zip
Name 3	Title	Home Phone	
Home Address	City	State	Zip
Name 4	Title	Home Phone	
Home Address	City	State	Zip
Supplier Information			
Name 1	Phone Number	Fax Number	
Address	City	State	Zip
Name 2	Phone Number	Fax Number	
Address	City	State	Zip
Name 3	Phone Number	Fax Number	
Address	City	State	Zip
Bank References			
Name 1	Phone Number	Account Number	
Address	City	State	Zip
Name 2	Phone Number	Account Number	
Address	City	State	Zip

By signing this you authorize Shooting Edge Technology to contact parties on this application for the purpose of obtaining credit. I/We hereby certify that the information provided in this application is true and accurate, and financial information submitted correctly reflects my/our financial condition. Once Shooting Edge Technology has approved your companies credit terms. I/We agree to pay all invoices within Shooting Edge Technology's published terms and to pay service charges on over due invoices at a rate of two percent (2%) per month. In the event a suit is instituted to collect amounts owing Shooting Edge Technology and a judgement is rendered in Shooting Edge Technology's favor I/We agree to pay court costs and reasonable attorney fees. I/We have read and understand this agreement. A copy has been made available to us or is available upon request.

Signature: _____ Date: _____ Title: _____

Signature: _____ Date: _____ Title: _____