



Sherwood

4718 Gettysburg Rd. Suite #300
Mechanicsburg, PA 17055
Tel: 717-731-7959
Fax: 717-506-7870

Sales Rep

Credit Application and Agreement

(This must be completed and signed for prompt processing)

(Page 2 of 2)

Company Name: _____

Address: _____ **Credit Limit Requested:** _____

Bank References:

Lending Bank Name: _____ **Loan Account # :** _____

Address: _____ **Loan Account # :** _____

_____ **Loan Account # :** _____

Loan Officer: _____ **Phone :** _____

Email: _____ **Fax:** _____

Deposit Bank Name: _____ **Deposit Account # :** _____

Address: _____ **Deposit Account # :** _____

_____ **Deposit Account # :** _____

Contact Person: _____ **Phone:** _____

Email: _____ **Fax:** _____

Vendor References:

Company Name: _____ **Phone:** _____

Account Number: _____ **Fax:** _____

Address: _____ **Email:** _____

Company Name: _____ **Phone:** _____

Account Number: _____ **Fax:** _____

Address: _____ **Email:** _____

Company Name: _____ **Phone:** _____

Account Number: _____ **Fax:** _____

Address: _____ **Email:** _____

AUTHORIZATION TO RELEASE ACCOUNT INFORMATION

The undersigned hereby authorizes the above to release the account information requested by Sherwood Valve LLC :

Company Name and Address:

Authorized By (sign):

Name and Title (print):

Date Signed:

By signing above, the Company agrees to pay according to the terms and conditions specified on Sherwood invoices, and further agrees not to take any unauthorized deductions or discounts beyond terms. Any payments made beyond terms will be subject to late payment charges.

Please fax the completed and signed pages to **Sherwood Credit Department** at **717-506-7870**