



Sherwood

4718 Gettysburg Rd. #300
Mechanicsburg, PA 17055
Tel: 717-731-7951
Fax: 717-506-7871

Sales Rep _____

Credit Application and Agreement

(This must be completed and signed for prompt processing)

(Page 1 of 2)

Company Name: _____ **Phone:** _____

Physical Address: _____ **Fax:** _____

_____ **E-Mail:** _____

Mailing Address: _____ **Website:** _____

_____ **D&B #:** _____

Type of Business (check one):

LLC

CORPORATION

PARTNERSHIP

PROPRIETORSHIP

LLP

Date of Incorporation: _____ **Federal ID #:** _____

State of Incorporation: _____ **State ID #:** _____

Company Officers/Principals:

Name

Title

Social Security #

<u>Name</u>	<u>Title</u>	<u>Social Security #</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

The undersigned, being either a principal of the credit applicant, or a sole proprietorship, recognizing that his or her individual credit history may be a factor in the evaluation of the credit history of the applicant, hereby consents to and authorizes the use of a consumer credit report on the undersigned by Sherwood Valve LLC. from time to time as may be needed, in the credit evaluation process

Name (Print)

Signature

_____	_____
_____	_____
_____	_____

Accounts Payable Contact: _____ **Phone:** _____

E-Mail: _____

Purchasing Contact: _____ **Phone:** _____

E-Mail: _____

State Sales Tax

(Required for all sales within United States)

Taxable

Tax Exempt (a)

(a) Exempt States: _____

(List above each state in which company is exempt from State Sales Taxes)

If purchases are to be exempt from state sales tax, a signed and dated exemption certificate made out to **SHERWOOD VALVE LLC.** must be included for every state to which you intend to have products shipped.

In the absence of a tax exempt certificate, customer agrees to pay any sales taxes invoiced by Sherwood Valve LLC.

Has the Company or any of its Officers/Principals ever filed bankruptcy? Yes No

Please fax the completed and signed pages to **Sherwood Credit Department** at **717-506-7871**



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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 **717-506-7871**