



CREDIT APPLICATION

3013 Utica Sellersburg Rd. • Jeffersonville, Indiana 47130 • 888-543-7537

Line of Credit Requested \$ [ ] Present Balance \$ [ ]

Legal Entity Name: \_\_\_\_\_ (D/B/A) \_\_\_\_\_

Address: \_\_\_\_\_ (How Long?) \_\_\_\_\_ (Years)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

DUNS# \_\_\_\_\_

Type Of Business: \_\_\_\_\_ Date Est: \_\_\_\_\_ How Long In Business? \_\_\_\_\_ Does

State, County or City require a license? \_\_\_\_\_ YES \_\_\_\_\_ NO

If YES, License # \_\_\_\_\_

OWNERSHIP: \_\_\_\_\_ Sole Owner \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation

PRINCIPAL: (Name) (Title) (Social Security Number)
(Home Address) (City/State/ZIP) (Home Telephone #)

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TRADE REFERENCES: (name of suppliers of major products & services)
(NAME:) (Address & FAX #)

Bank Reference: \_\_\_\_\_ Checking \_\_\_\_\_ Loan \_\_\_\_\_ Savings

(BANK & Contact Name) (Account Number)

(Address) (City/State/ZIP) (Telephone #)

(BANK & Contact Name) (Account Number)

(Address) (City/State/ZIP) (Telephone #)

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(Address) (City/State/ZIP) (Telephone #)

Please allow a minimum of 3-4 weeks to process this application. ORIGINAL SIGNED COPY MUST BE MAILED TO: ATTN CREDIT DEPARTMENT

No. of Employees: \_\_\_\_\_ Est. Annual Sales: \$ \_\_\_\_\_ Retail Sales Area: \_\_\_\_\_  
Has the firm or any of its Principals ever been bankrupt? \_\_\_\_\_ YES \_\_\_\_\_ NO  
If YES, please explain: \_\_\_\_\_

OTHER BUSINESS DEBTS:

(Name)	(Address)	(Balance Due)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Person to contact about account: \_\_\_\_\_  
(Name/Title)

The undersigned will/will not submit a financial statement. Any misrepresentation in this application will be considered evidence of a fraud, since this information is the basis for the granting of credit. As an inducement to grant credit, the undersigned warrants that the information submitted is true and correct. You are authorizing us to investigate the credit references listed.

In consideration of credit being extended by Orion Wholesale to the above named applicant for merchandise to be purchased whether applicant be an individual or individuals, a proprietorship, a partnership, a oration, or other entity, the undersigned guarantor or guarantors each hereby contract and personally guarantee to Orion Wholesale the faithful payment, when due, of all accounts of said applicant for the purchases made within five years next after the date of this application. The undersigned guarantor or guarantors each hereby expressly waive all notice of acceptance of this guarantee, notice of extension of credit to applicant, presentment, and demand for payment on applicant, protest and notice to undersigned guarantor or guarantors of dishonor or default by applicant or with respect to any security held by Orion Wholesale extension of time of payment to applicant, acceptance of partial payment or partial compromise, all other notices to which the undersigned guarantor or guarantors might otherwise be entitled and demand for payment under this guarantee. Absent written permission by creditor, this personal guarantee may not be revoked.

**MUST BE SIGNED BY OWNER OR OFFICERS**

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

# CREDIT CARD INFORMATION

Customer represents that the information supplied herein is in all respects complete, accurate and truthful. Customer agrees to notify Orion Wholesale promptly in writing of any changes in the information provided. Customer agrees to pay in full (without deduction or setoff) to the order of Orion Wholesale, 3013 Utica Sellersburg Rd, Jeffersonville, IN 47130, at its offices, for services rendered, on or before the agreed upon terms of 30 days from the date of invoice. Any amounts not paid when due shall bear interest thereon at a rate equal to lesser of 18% per annum (1-1/2% monthly) or the highest rate of interest allowed by law computed from the billing date to the date of payment. The failure of Orion Wholesale to charge interest on Customers account or pursue any other remedy available to it shall not be construed a continuing waiver. The acceptance of this Agree-ment by Orion Wholesale does not constitute an agreement to extend credit to Customer or to provide services to Customer. Each such determination shall be made at the time that services are rendered by Orion Wholesale. Any controversy or claim arising out of or relating to this Agreement, or the breach thereof, shall be settled by arbitration administered by the American Arbitration Association under its Commercial Arbitration Rules, and judgment on the award rendered by the arbitrator(s) may be entered in any court having jurisdiction thereof. If Customers account is not paid when due, in addition to all other amounts due, Customer must reimbursed Orion Wholesale all expenses incurred by Orion Wholesale; and collection or attempted collection, including collec-tion fees, arbitration costs, court costs, and reasonable attorneys' fees. If the Customer or any affiliate of Cus-tomer (i.e. a company or other entity under common control) defaults in the payment of any sums due to Orion Wholesale, all other amounts due from Customer or any affiliate of Customer shall be immediately due and payable, including any amounts due for services currently being rendered. Customer agrees that Orion Whole-sale may setoff against moneys due it from Customer or any affiliate of Customer any moneys owed by Orion Wholesale to Customer or any affiliate of Orion Wholesale. It is the policy of Orion Wholesale to keep a credit card on file for all charter customers as back-up in the event payment is not received within terms. All credit card charges will incur a 4% processing fee. By signing this form, the card holder is authorizing Orion Whole-sale to hold funds until payment is received or if payment is not received within the terms of the invoice the card below will be charged. Customer guarantees that the credit limit/balance of this card exceeds amount owed to Orion Wholesale and that this card will remain valid, with enough credit to satisfy debt with Orion Wholesale, during the time Customer has an account with Orion Wholesale:

Credit Card Information: Type Of Card: \_\_\_\_\_

Name On Card: \_\_\_\_\_ Credit Card No: \_\_\_\_\_

Billing Address For Card (Including Zip Code):

Expiration Date: \_\_\_\_\_ 3 Letter Security Code: \_\_\_\_\_

Authorized Card Holder's Signature: \_\_\_\_\_

Full Name Printed: \_\_\_\_\_

## CREDIT DEPARTMENT USE ONLY:

_____	_____
DATE LINE APPROVED	SIGNED
_____	_____
DATE LINE DENIED	SIGNED