



## Credit Application

You may fax this form to 574-784-8983 or mail it to:

The Working Person's Store  
305 S. Michigan Street  
Lakeville, IN 46536

### Business Contact Information

Applicant / DBA Name:

Business Telephone:

Applicant Legal Name:

**Shipping** Address:

Accounts Payable Contact:

City:

State:

Nature of Your Business:

Zip:

Dun & Bradstreet Number:

**Billing** Address:

Tax ID Number:

City:

State:

Driver's License Number:

State Issued:

Zip Code:

(Not needed if D&B or Tax ID is provided)

### Business Type Information (Please select one)

#### Sole Proprietorship

#### Partnership

#### Corporation

Date Established:

General Partnership

General Partner    Yes    No

Date Your Ownership Began:

Limited Partnership

Date of Incorporation:

Franchise:    Yes    No

Franchise:    Yes    No

State of Incorporation:

Proprietor Name:

Partner #1 Name:

President Name:

Social Security Number:

Social Security Number:

Secretary:

Home Phone:

Home Phone:

Treasurer Name:

Street Address:

Street Address:

Corporate Mailing Address:

City:

City:

State:

State:

Zip Code:

Zip Code:

Partner #2 Name:

Social Security Nnumber:

Home Phone:

Street Address:

City:

State:

Zip Code:

## On-Account Information

Employees are entitled to:

Footwear \$ / % Amount paid by Company

Clothing \$ / % Amount paid by Company

Accessories \$ / % Amount paid by Company

Any difference between the voucher amount and the total purchase should be handled by:

Bill to the company. Difference to be collected from employee in installments.

Collect any difference from the employee at the time of purchase.

Please indicate what information employees need to have to use this account:

Please indicate who is authorized to approve purchases if employees do not have designated information:

Purchase Order- Comments:

Individual Voucher- Comments:

Other- Comments:

## Trade References

Trade Reference #1:

Trade Reference #2:

Account Number:

Account Number:

Phone:

Phone:

Fax #:

Fax #:

## Bank Reference

Bank Name:

Contact name:

Phone:

Checking Account #:

## Personal Guarantee Agreement

For and in consideration of the extension of credit to \_\_\_\_\_, herein called "Debtor", the undersigned hereby personally guarantees payment of all obligations to Working Person's Enterprises, d/b/a Working Person's Store incurred by the "Debtor" upon demand, including court costs, collection agency commissions and reasonable attorney's fee.

Signature:

Street Address:

City:

State:

Zip Code:

Social Security Number:

Date:

## Terms and Conditions

Working Person's Store and any of its employees, officers, or agents, are authorized to obtain such information as any of them may require concerning Applicant's credit worthiness or the statements made on this document. Any person to whom this form is presented is authorized to disclose to Working Person's Store and any of its employees, officers, or agents, any information requested, and Applicant hereby waives any claim against, and fully releases from any and all liability, such persons by reason of any disclosure. Applicant agrees to notify Working Person's Store in writing of any development which may adversely affect Applicant's financial condition, promptly after the occurrence thereof. All statements appearing on this form are true and correct and are made for the purpose of obtaining credit from Working Person's Store. Credit granted to applicant may, at the option of Working Person's Store, be cancelled at any time upon notice to the Applicant. If credit is granted by Working Person's Store to or for the benefit of the Applicant, the Applicant will pay when due all obligations of the undersigned to Working Person's Store. Working Person's Store is authorized to disclose to the proper person and bureau Applicant's performance of this agreement. In the event of default hereunder, the Applicant agrees to pay court costs and reasonable attorney's fees. This document and all information secured pursuant to its authority shall be and remain the property of Working Person's Store whether or not credit is granted hereunder.

Signature of Applicant

Title:

Date:

Email Address: