



Date: \_\_\_\_\_

**OPEN CREDIT APPLICATION FORM**

**Business Information:**

Legal Name: \_\_\_\_\_ Date Business Established: \_\_\_\_\_

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

Business Street Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Driver's License #/State Issued: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Type of business (please circle one): Individual Partnership Corporation LLC LLP

Federal Tax ID#: \_\_\_\_\_ Tax Exempt (please circle one): Yes or No

**\*IF YOU ARE TAX EXEMPT, YOUR TAX EXEMPT FORM MUST ACCOMPANY THIS APPLICATION. IF LOCATED IN KS, PLEASE PROVIDE YOUR SALES TAX ENTITY.**

**Owners/Partners/Officers:**

Full Name: \_\_\_\_\_ Title: \_\_\_\_\_ SS#/DL#: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Full name: \_\_\_\_\_ Title: \_\_\_\_\_ SS#/DL#: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Full Name: \_\_\_\_\_ Title: \_\_\_\_\_ SS#/DL#: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Business References (MUST HAVE FOUR):**

**(1)** Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

**(2)** Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

**(3)** Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

**(4)** Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

**OPEN CREDIT APPLICATION**

**TERMS:**

In consideration of Westwind Wood Specialties extending credit to the Applicant, the Applicant agrees to pay for all items delivered or services rendered to, or at the request of, the Applicant, in accordance with the terms of each invoice. Applicant agrees that each of the terms and conditions of sale stated on the invoices shall be a term of the contract of each sale from Westwind to the Applicant and acknowledges that a monthly finance charge of 1.5% per month shall be made on all sums due Westwind which have not been paid by the payment terms stated on the invoice as well as Applicant agrees to promptly pay said finance charge. Waiver of any one or more finance charges shall not be deemed to be a waiver of future finance charges. Applicant further agrees that with regard to such finance charges, Applicant and Westwind are parties to a written commercial contract. Should it become necessary to place the account with a collection agency or attorney, the Applicant agrees to pay all collection costs and attorney fees in addition to all other sums due.

All purchases by the Applicant shall be considered made at Westwind Wood Specialties place of business in Quinter, Kansas. This credit application and all agreements between Applicant and Westwind for the purchase of products will be construed under and governed by Kansas law. Any law suit or cause of action arising out of this credit application or any such agreement may be brought by Westwind and must be brought by the Applicant in, the Court of Common Pleas for Gove County, Kansas of the United States District Court for the Western District of Kansas. The Applicant expressly consents to jurisdiction and venue in such courts.

Applicant authorizes Westwind Wood Specialties to obtain credit and financial information concerning the Applicant at any time from any source. The undersigned warrants that the above agreement has been carefully read and that Applicant understands completely. Applicant also warrants that all information provided is true and current.

**Print:** \_\_\_\_\_ **Sign:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print:** \_\_\_\_\_ **Sign:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Personal Guarantee:**

The undersigned hereby personally, voluntarily and unconditionally guarantees the full and prompt payment to Westwind Wood Specialties, when due, of all indebtedness, obligations and liabilities of applicant named on the credit application including all amounts now owing and arising in the future. The undersigned is aware and understands that credit is being extended to Applicant based on the undersigned's willingness to personally guarantee any and all such indebtedness, obligation and liability of Applicant owed to Westwind Wood Specialties.

**Print:** \_\_\_\_\_ **Sign:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print:** \_\_\_\_\_ **Sign:** \_\_\_\_\_ **Date:** \_\_\_\_\_



Date: \_\_\_\_\_

**Bank Check/E-Check/Credit Card Authorization Form**

**Please fill in the appropriate information for your choice of payment. Please provide accurate information to ensure timeliness of approval. If your preference is to be COD/Cash, then there is no information necessary.**

**Business:**

Legal Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Alt.Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Type of Business (please circle): Individual Partnership Corporation LLC LLP

Federal Tax ID#: \_\_\_\_\_ Tax Exempt (please circle): Yes or No

**\*IF YOU ARE TAX EXEMPT, YOUR TAX EXEMPT FORM MUST ACCOMPANY THIS APPLICATION. IF LOCATED IN KS, PLEASE PROVIDE YOUR SALES TAX ENTITY.**

**Credit Card**

Credit Card # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_ CSV Code: \_\_\_\_\_

CC Billing Address: \_\_\_\_\_

**E – Check/Bank Check**

Bank Name: \_\_\_\_\_ Type of Account: \_\_\_\_\_

Account Number: \_\_\_\_\_ Routing #: \_\_\_\_\_

Bank Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Date Account Established: \_\_\_\_\_ **(must be open minimum 6 months)**

Please mark to authorize Westwind to keep the CC information on file in a secure location.

Please mark to authorize Westwind to keep Account and Routing #'s on file in a secure location.

**PLEASE KEEP IN MIND THAT IT IS IMPORTANT THAT YOU MARK THE BOXES ABOVE TO AUTHORIZE WESTIND TO KEEP YOUR INFORMATION SECURELY ON FILE. FAILURE TO DO SO, COULD QUITE POSSIBLY DELAY YOUR SHIPMENT.**

**Print:** \_\_\_\_\_ **Sign:** \_\_\_\_\_ **Date:** \_\_\_\_\_