



**SLINGSHOT LLC**  
**APPLICATION FOR CREDIT**

**Thank you for your interest in Slingshot, L.L.C., as a supplier of your wholesale commercial building materials. Attached is our form of Credit Application which we invite you to fill out and return to:**

**Via Fax: 304-375-2217**  
**Slingshot Credit Department**

**We are finding that banks and other institutions are becoming increasingly reluctant to release the financial data we need to evaluate a credit standing in order to set up an account.**

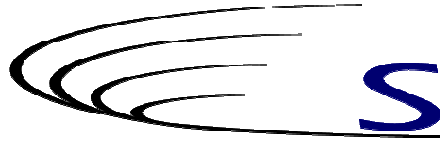
**Since we carry our own accounts, this information is crucial for our evaluation process. Therefore, please attach to this application a letter or note on your letterhead stating:**

**“We hereby authorize you to release to Slingshot, L.L.C., the information necessary for them to evaluate our credit for the purpose of establishing an account with them.”**

**We look forward to doing business with you.**

**Sincerely,**

**Slingshot, L.L.C.**



# SLINGSHOT LLC

## APPLICATION FOR CREDIT

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

Name of Company : \_\_\_\_\_

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

Tax Exempt: \_\_\_ Yes \_\_\_ No (If Exempt, please attach direct pay / tax exempt form.)

If Company, type of ownership: \_\_\_ Corporation \_\_\_ Partnership \_\_\_ Individual

Date Company Began: \_\_\_\_\_ Credit Amount Requesting: \_\_\_\_\_

Please List Names of Officers or Partners:

\_\_\_\_\_

### **PLEASE GIVE THE FOLLOWING REFERENCES:**

#### **\*BANK** \_\_\_\_\_

Account # \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

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

#### **\*SUPPLIERS**

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

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

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

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

3. Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

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

#### **FOR CREDIT DEPARTMENT USE ONLY**

ACCOUNT OPENED: \_\_\_\_\_

AVERAGE BALANCE: \_\_\_\_\_

REMARKS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ACCOUNT OPENED: \_\_\_\_\_

HIGH CREDIT: \_\_\_\_\_

TERMS: \_\_\_\_\_

REMARKS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ACCOUNT OPENED: \_\_\_\_\_

HIGH CREDIT: \_\_\_\_\_

TERMS: \_\_\_\_\_

REMARKS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ACCOUNT OPENED: \_\_\_\_\_

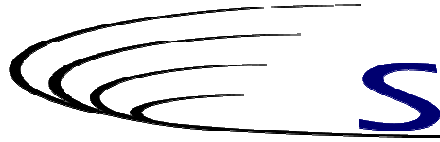
HIGH CREDIT: \_\_\_\_\_

TERMS: \_\_\_\_\_

REMARKS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# SLINGSHOT LLC

## APPLICATION FOR CREDIT

The undersigned understands that approval for a line of credit with Slingshot, L.L.C., constitutes a valid and enforceable contract under the laws of West Virginia. By signing below, you agree to the following terms:

1. NET 30 DAYS FROM INVOICE DATE
2. A SERVICE CHARGE OF 1 1/2% PER MONTH IS CHARGED EACH MONTH FOR PAST DUE BALANCES UNPAID.
3. IN THE EVENT OF DEFAULT, THE UNDERSIGNED AGREES TO PAY REASONABLE ATTORNEY'S FEES AND OTHER COSTS INCURRED IN COLLECTION.
4. THERE IS A 40% RESTOCK CHARGE FOR ALL RETURNED ITEMS.
5. SOME ITEMS ARE NON-REFUNDABLE.

The above information is provided for the purpose of obtaining credit and is warranted to be true. We hereby authorize the firm to whom this application is made to investigate the references listed relating to my / our credit and financial responsibility.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Title

**FOR CREDIT DEPARTMENT USE ONLY**

CREDIT APPROVED \_\_\_\_\_

MAXIMUM AMOUNT \_\_\_\_\_

CREDIT REFUSED \_\_\_\_\_

DATE \_\_\_\_\_

REMARKS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_