



5820 Fortune Circle West Drive  
 Indianapolis, IN 46241  
 Phone: 317-243-9234  
 Fax: 317-260-2287

**ACCOUNT CREDIT APPLICATION**

ACCOUNT # \_\_\_\_\_

**TO BE COMPLETED BY THE APPLICANT:** (PLEASE TYPE OR PRINT)

DATE: \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_

**SALESPERSON:** \_\_\_\_\_

LEGAL BUSINESS NAME: \_\_\_\_\_

NAME DOING BUSINESS AS: \_\_\_\_\_

BILL TO ADDRESS: \_\_\_\_\_ SHIP TO: \_\_\_\_\_

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

TELEPHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

# OF YEARS IN BUSINESS UNDER CURRENT OWNERSHIP: \_\_\_\_\_

OTHER LOCATIONS CURRENTLY OWNED: \_\_\_\_\_

LINE OF CREDIT REQUESTED: \_\_\_\_\_ ANTICIPATED MONTHLY PURCHASES: \_\_\_\_\_

If you have done business with Acorn Distributors previously, please provide that account number \_\_\_\_\_

**TYPE OF BUSINESS**

- CORPORATION – INDICATE OFFICERS: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_
- PARTNERSHIP – INDICATE PARTNERS: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_
- PROPRIETORSHIP – INDICATE OWNERS: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_

**TRADE REFERENCES: (NOT TO INCLUDE LIQUOR OR BEER DISTRIBUTORS)**

- |   |   |
|---|---|
| 1. COMPANY NAME: _____<br>ADDRESS: _____<br>CITY: _____ STATE: _____ ZIP: _____<br>TELEPHONE # _____ FAX# _____ | 2. COMPANY NAME: _____<br>ADDRESS: _____<br>CITY: _____ STATE: _____ ZIP: _____<br>TELEPHONE # _____ FAX# _____ |
| 3. COMPANY NAME: _____<br>ADDRESS: _____<br>CITY: _____ STATE: _____ ZIP: _____<br>TELEPHONE # _____ FAX# _____ | 4. COMPANY NAME: _____<br>ADDRESS: _____<br>CITY: _____ STATE: _____ ZIP: _____<br>TELEPHONE # _____ FAX# _____ |

**BANK REFERENCES**

NAME OF BANK: \_\_\_\_\_  
 BRANCH LOCATION: \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 TELEPHONE # \_\_\_\_\_ FAX # \_\_\_\_\_  
 CHECKING ACCOUNT #: \_\_\_\_\_  
 SAVINGS ACCOUNT #: \_\_\_\_\_

NAME OF BANK: \_\_\_\_\_

BRANCH LOCATION: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE # \_\_\_\_\_ FAX # \_\_\_\_\_

CHECKING ACCOUNT #: \_\_\_\_\_

SAVINGS ACCOUNT #: \_\_\_\_\_

The undersigned ("Applicant") certifies that the statements made in this application are true and accurate. Applicant acknowledges that Acorn Distributors, Inc. ("Acorn") will rely on the statements made in this application in extending credit to Applicant. By making this application, Applicant requests that Acorn sell and deliver goods to Applicant pursuant to the terms and conditions set by Acorn.

Applicant agrees that finance charges of 1½ percent per month shall accrue on goods delivered by Acorn to the Applicant or to any customer designated by the Applicant, from the date each delivery is made, in the event the Applicant's account is not paid to Acorn according to the terms of payment specified by Acorn.

In the event that the Applicant's account is placed with a collection agency or attorney for collection, Applicant agrees to pay Acorn all costs of collection, including reasonable attorney's fees, whether or not a lawsuit is commenced. In the event an action is commenced, Applicant hereby submits to the jurisdiction of the Courts of Marion County in the state of Indiana, and Applicant further agrees that Marion County, Indiana, shall be the exclusive venue for any lawsuits between Acorn and Applicant.

The undersigned applicant authorizes all trade references, banks, and credit reporting agencies to disclose any and all information concerning the financial and credit history of their company.

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Signature/Title

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Print Name

Date

In order to induce Acorn to extend credit to the Applicant, the undersigned ("Guarantor") hereby unconditionally and irrevocably guarantees payment of all sums due to Acorn by Applicant, including service charges, all costs of collection, including reasonable attorney's fees, whether or not a lawsuit is commenced.

Guarantor waives notice of acceptance, protest, or demand. Guarantor further consents, in advance, to any extension or modification of the terms and conditions of sale by Acorn without notice of the Applicant.

Guarantor hereby submits to the jurisdiction of the courts of Marion County in the state of Indiana, and Guarantor further agrees that Marion County, Indiana, shall be the exclusive venue for any lawsuits between Acorn and Guarantor.

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Guarantor Signature (Individual)

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Date

Social Security Number

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Address

**GENERAL SALES TAX EXEMPTION CERTIFICATE**

Name \_\_\_\_\_ Account No. \_\_\_\_\_

Address \_\_\_\_\_ Date \_\_\_\_\_

Blanket            Single Purchase

Sale to Retailer, Wholesaler or Manufacturer for Resale Only.

Sale of Manufacturing machinery, tools and equipment to be used directly in direct production.

Sales to Not-For-Profit Organizations, claiming exempt purchases pursuant to bulletin #10.

Note: Many purchases by Not-For-Profit Organizations are subject to Sales Tax; therefore, purchaser is cautioned to read bulletin #10 before signing this certificate.

Sales to Governmental Units.

Other (Explain) \_\_\_\_\_

I hereby certify under the penalties of perjury, that the property that is to be purchased by the use of this exemption certificate is to be used for an exempt purpose pursuant to the STATE GROSS RETAIL SALES TAX ACT.

Signed \_\_\_\_\_ Title \_\_\_\_\_

**FOR ACORN OFFICE USE ONLY**

APPROVED CREDIT LIMIT: \_\_\_\_\_

APPROVED TERMS (CIRCLE ONE):    NET 30    COD    OTHER \_\_\_\_\_

APPROVED BY: \_\_\_\_\_ SALES PERSON \_\_\_\_\_