



# APPLICATION for Open Account

ph: 303-690-0477 / fax: 303-690-0472

RETURN COMPLETED FORM TO: 15353 E.Hinsdale Cir., Unit F, Centennial, CO 80112

NEW DEALER

EXISTING DEALER, NEW OWNERSHIP

### TYPE OF ACCOUNT DESIRED:

PREPAID  COD  CREDIT

Date \_\_\_\_\_ Sales Rep \_\_\_\_\_ Credit Line Requested \_\_\_\_\_

Dealer Name \_\_\_\_\_

Ship To Address \_\_\_\_\_  
*(if different)*

Corporate Name \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Bill To Address \_\_\_\_\_

Tax ID# \_\_\_\_\_ Years @ location \_\_\_\_\_

City, State, Zip \_\_\_\_\_

**IF SHOP IS SEASONAL, please enter off-season info:**

Store Phone \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Primary Contact Email \_\_\_\_\_

Phone \_\_\_\_\_

### Owner/Shareholder Information: List ALL officers, partners, or principals

NAME	% OF SHARES HELD	HOME ADDRESS	PHONE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

DBA:  Sole Proprietorship  Partnership  Corporation  LLC Year Established \_\_\_\_\_

Have you or any of your partners or shareholders filed personal or corporate bankruptcy? \_\_\_\_\_ If so, when? \_\_\_\_\_

### Credit Information Please list three companies with whom you have established credit:

NAME	ADDRESS	PHONE	FAX
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### Banking Information

Business Financial Statements Attached

NAME	ADDRESS	PHONE	ACCT #
_____	_____	_____	_____

Applicant's written or electronic signature(s) attest that information submitted is true and correct, agrees to financial responsibility and agreement to pay our invoices in accordance with the Terms & Conditions laid out in our product catalog, agrees to update financial information on an annual basis, agrees to pay interest on payments past due at the rate of eighteen (18) percent per annum (1.5% per month), agrees to pay Angler's Accessories all related collection costs including attorney fees and court costs on invoices not paid within the terms. Angler's Accessories reserves the right to modify Terms & Conditions at any time. Applicant hereby authorizes Angler's Accessories to contact bank and trade creditors both at the time of initial application and from time to time to maintain accurate credit info.

FIRM NAME \_\_\_\_\_ AUTHORIZED SIGNER \_\_\_\_\_

**PERSONAL PAYMENT GUARANTY:** I, personally, will guarantee payment for charges made as a result credit application should payment not be made in accordance with the Terms & Conditions of sale. This shall be an open and continuing guarantee unless revoked by written notice, sent certified mail return receipt requested.

GUARANTOR NAME (PRINTED) \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_