

# Sure-loc Edging / Wolverine Tools

*The One Source for Quality Edging Products and Tools*

Aluminum Edging - Steel Edging - Aluminum Paver Restraints

310 E 64<sup>th</sup> Street \* Holland, MI 49423  
Phone (800) 787-3562 \* Fax (616) 392-5134  
[Email: accounting@surelocedging.com](mailto:accounting@surelocedging.com)

## Credit Application

### Type of Agreement

Balance due within 30 days of the invoice date. Interest of 1.5% or whatever the maximum amount of allowable interest, by state law, will be added to any and all invoices not paid within the thirty-day credit period. Applicant agrees to pay any collection costs incurred to collect the account balance, including reasonable attorney fees.

All information will remain confidential between Sure-loc and the undersigned

Credit Requested: \_\_\_\_\_ Date: \_\_\_\_\_

Business Contact Information			
Business Name:			
Bill to Address:			
City:	State:	Zip:	
Phone:	Fax:	Website:	
Ship to Address ( <i>if different</i> ):			
City:	State:	Zip:	
Business Information			
Type of Business:			
Sole Proprietorship: <input type="checkbox"/>	Partnership: <input type="checkbox"/>	Corporation: <input type="checkbox"/>	Other: <input type="checkbox"/>
Date Business Established:			
If Division/Subsidiary, Name of Parent Company:			
Company Principal Responsible for Business Transactions:			
Title:	Address:		
City:	State:	Zip:	Phone:
Company Principal Responsible for Business Transactions:			
Title:	Address:		
City:	State:	Zip:	Phone:
Number of Employees:	Est. Annual Sales:		Sales Area:
Has The Firm or any of its Principles ever declared Bankruptcy?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If Yes, Explain:			

ALL FORMS MUST BE FILLED COMPLETELY. FORMS THAT ARE NOT COMPLETE, WILL BE REJECTED.  
THANK YOU

Credit Information			
Institution Name:	Account Number:		Phone:
Address:	City:	State:	Zip:
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Institution Name:	Account Number:		Phone:
Address:	City:	State:	Zip:
Accounts Payable			
Name:			
Phone:		Fax:	
Email:			
<b>***Invoices and statements will be sent to this email address</b>			
Business/Trade References			
Company Name:		Contact Name:	
Address:			
City:	State:	Zip:	
Phone:	Fax:	Email:	
Account Opened Since:	Credit Limit:	Current Balance:	
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Company Name:		Contact Name:	
Address:			
City:	State:	Zip:	
Phone:	Fax:	Email:	
Account Opened Since:	Credit Limit:	Current Balance:	
-----			
Company Name:		Contact Name:	
Address:			
City:	State:	Zip:	
Phone:	Fax:	Email:	
Account Opened Since:	Credit Limit:	Current Balance:	
-----			
Company Name:		Contact Name:	
Address:			
City:	State:	Zip:	
Phone:	Fax:	Email:	
Account Opened Since:	Credit Limit:	Current Balance:	

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THANK YOU

**AUTHORIZATION FOR CREDIT INFORMATION**

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in the credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

Signature: \_\_\_\_\_

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

Title: \_\_\_\_\_

**GUARANTEE**

In consideration of credit being extended by Sure-Loc Edging to the above named applicant for merchandise to be purchased whether applicant be an individual or individuals, a proprietorship, a partnership, a corporation, or other entity, the undersigned guarantors each hereby contract and guarantee to Sure-Loc Edging the faithful payment, when due, of all accounts of said applicant for purchases made within the next five years after the date of this application. The undersigned guarantor or guarantors each hereby expressly waive all notice of acceptance of this guarantee, notice of extension of credit to applicant, presentment, and demand for payment on applicant, protest and notice to undersigned guarantor or guarantors of dishonor or default by applicant or with respect to any security held by Sure-Loc Edging, extension of time payment to applicant, acceptance of partial payment or partial compromise, all other notices to which the undersigned guarantor or guarantors might otherwise be entitled and demand for payment under this guarantee. Any revocation of this guarantee shall be in writing and delivered to Sure-Loc Edging.

The revocation of the guarantee shall only be on credit granted after the revocation of guarantee is

Received and accepted by:

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

Signature: \_\_\_\_\_

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*Credit Department Use Only*

Date Credit Approved: \_\_\_\_\_

Date Credit Denied: \_\_\_\_\_

Customer ID: \_\_\_\_\_

Sales Rep: \_\_\_\_\_