



**your nationwide source!**

1760 West Terra Lane | O'Fallon, MO 63366

phone: (800) 844-9555

fax: (636) 272-8214

web: www.skywalker.com

# Credit Application

## Company Information:

Company Name: \_\_\_\_\_ Years in Business: \_\_\_\_\_

Billing Address: \_\_\_\_\_ Shipping Address: \_\_\_\_\_

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

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

Tax ID: \_\_\_\_\_ A/P Contact: \_\_\_\_\_ Authorized Buyers: \_\_\_\_\_

Form of Ownership:  Proprietorship  Partnership:  Corporation

## Owners, Officers, Partners

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

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

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

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

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

Marital Status: \_\_\_\_\_

Social Security #: \_\_\_\_\_

*(Please attach photocopy of Driver's License)*

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

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

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

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

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

Marital Status: \_\_\_\_\_

Social Security #: \_\_\_\_\_

*(Please attach photocopy of Driver's License)*

## Company/Personal Check Policy

After company/personal check status is approved Skywalker Communications will continue to accept your checks for C.O.D. shipments as long as there are none returned by the bank as uncollectible. For any checks returned "Insufficient Funds" or for any other reason other than a bank error, Skywalker Communications will charge a \$25.00 per check fee. Any checks returned which cannot be redeposited or covered by wire draft will be added back to your account and charged interest at a rate of one and one-half percent (1-1/2 %) per month, which is an annual rate of eighteen percent (18%) until the total amount of the check is paid in full. Should legal action be required to collect upon any check, Skywalker Communications shall charge any and all costs incurred to the presenter of said check or the company on whose behalf the check was presented. The venue of any such legal action necessary to collect upon such debt shall lie in St. Charles County, State of Missouri, unless another venue is designated by Skywalker Communications.

## Guarantee Of Payment

To Skywalker Communications, and to your agent and/or assignee, for value received, the receipt of which is hereby acknowledged, and in consideration of your advancing credit to or accepting checks from, Debtor, I/We, the undersigned, hereby personally guarantee the prompt payment to you of all the amounts now due and owing, or which may hereafter become due and owing to you from said Debtor entity. I/We, the undersigned, agree that interest may be charged at a rate of one and one-half percent (1-1/2%) per month on all past due amounts. Each of the undersigned hereby agrees that the liability for all sums guaranteed shall be a joint and several one. Liability of the undersigned shall not be effected or prejudiced by the additional acceptance of a note or evidence of indebtedness, the extension of time, payment arrangement or other indulgence granted to the Debtor, or by agreement affecting said indebtedness, and the undersigned hereby waives notice of all the aforesaid. The filing of suit or exhaustion of collection or legal remedies against said Debtor shall not be a condition precedent to the enforcement of this guarantee and the undersigned hereby expressly waive(s) notice of protest or diligence. This guarantee shall continue until you have received a notice of termination executed by the undersigned. Should the undersigned elect to terminate their business relationship with Skywalker, such termination shall not effect the liability of the undersigned as to accounts and amounts then owing Skywalker or its agents or assigns from said debtor. In the event that suit is instituted on this Guarantee, the undersigned hereby agrees to pay all Court costs and such additional sum as the Court may deem reasonable at Attorney's fees and that the venue of such action shall lie in St. Charles County, State of Missouri, or at such venue designated by Skywalker Communications. Guarantors agree that this Guarantee is made, entered into and payable at the office of Skywalker Communications. Guarantors further agree that the liability under this guarantee shall continue notwithstanding the filing of any petition by the Debtor under the provision of the Bankruptcy Act.

Under penalties of perjury I swear or affirm that the information on this form is true and correct as to every material matter. By affixing signature(s) below, the undersigned understands and agrees to the policies set forth above in COMPANY/PERSONAL CHECK POLICY, and hereby affixes signatures to the GUARANTEE OF PAYMENT. The undersigned further agrees to authorize Skywalker Communications, its employees, and its agents to verify the information contained in the above application. It is understood that a credit report may be obtained for the purpose of verification when deemed necessary. It is understood that all information will be held in the strictest confidence by Skywalker Communications and its employees. If married, BOTH parties MUST SIGN.

Guarantor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Social Security #: \_\_\_\_\_

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

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

Spouse Signaturer: \_\_\_\_\_ Date: \_\_\_\_\_

Social Security #: \_\_\_\_\_

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

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

we manufacture. we distribute.  
**we supply.**





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## Banking Info & References

### Banking Information:

Bank Name: \_\_\_\_\_ Bank Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Bank Fax #: \_\_\_\_\_

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

Name(s) On Account: \_\_\_\_\_

Account #:  Savings: \_\_\_\_\_  Checking: \_\_\_\_\_

I hereby authorize the above bank to provide Skywalker Communications with any information requested. This information will be used solely for the consideration of my dealer application.

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

Terms Requested:  Check w/ Order (in store only)  Net 30 \*\*Skywalker does not ship any orders COD

Credit Limit Requested: \_\_\_\_\_

### Trade References (Please Fill Out Completely):

1.) Company: \_\_\_\_\_ Account #: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email: \_\_\_\_\_

1.) Company: \_\_\_\_\_ Account #: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email: \_\_\_\_\_

1.) Company: \_\_\_\_\_ Account #: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email: \_\_\_\_\_

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