

**Woolrich Inc**  
**2 Mill Street**  
**Woolrich, PA 17779**

**(570) 769 - 6464**  
**800 - 995 - 1299**  
**Fax: (570) 769 - 6736**

**www.Woolrich.com**

Salesperson / #:

Account #:

Thank you for selecting Woolrich Inc. It is our standard policy to establish and periodically update a credit file on each account. Please complete the following pages and fax or email them back to me. Your order will be processed but will not ship until these forms have been returned.

Phone: (570) 769 - 6464

**Credit Agreement**

Fax: (570) 769 - 6736

Company Name:	<input type="text"/>	DBA:	<input type="text"/>	Years in Business:	<input type="text"/>
Street Address:	<input type="text"/>	PO Box:	<input type="text"/>	Phone:	<input type="text"/>
City:	<input type="text"/>	State:	<input type="text"/>	Zip Code:	<input type="text"/>
				Fax:	<input type="text"/>

**SHIP TO: (More than one address location including store locations, please attach address list.)**

Street Address:	<input type="text"/>				
City:	<input type="text"/>	State:	<input type="text"/>	Zip Code:	<input type="text"/>
Traffic Manager:	<input type="text"/>			Phone:	<input type="text"/>

<b>SPECIAL INVOICE INSTRUCTIONS: (If Yes, please attach)</b>	Yes:	<input type="text"/>	No:	<input type="text"/>
--	------	----------------------	-----	----------------------

Check Appropriate Box:	Corporation:	<input type="text"/>	Partnership:	<input type="text"/>	
	Sole Proprietorship:	<input type="text"/>	Limited Liability:	<input type="text"/>	
E-Mail:	<input type="text"/>	Web Site:	<input type="text"/>	Fed ID #:	<input type="text"/>
TAX STATUS (If exempt, please include copy of certificate with this application.)					
State of Origin:					

**Information on Principals defined as:**

For Proprietorship or Partnership: List all owner and/or partners.

For Corporation or Limited Liability Company: List all Officers, Directors, Members and Majority Stockholders.

NAME	HOME ADDRESS	PHONE	POSITION
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
BUYER CONTACT		PHONE:	<input type="text"/>
E-MAIL:	<input type="text"/>	FAX:	<input type="text"/>
ACCOUNTS PAYABLE CONTACT:		PHONE:	<input type="text"/>
E-MAIL:	<input type="text"/>	FAX:	<input type="text"/>

**CHECK & ATTACH THE FOLLOWING IF REQUIRED: (ATTACH ANY WAIVERS OR SPECIAL SERVICE REQUESTS)**

Routing Guide Required:	<input type="text"/>	Purchase Order Required:	<input type="text"/>	Store Listing:	<input type="text"/>
-------------------------	----------------------	--------------------------	----------------------	----------------	----------------------

**FINANCIAL STATEMENTS: (Please attach latest Financial Statement for Confidential Credit Department Use Only)**

Attached:	<input type="text"/>	Will be available:	<input type="text"/>
<b>COD SHIPMENTS (Cash or Certified Funds Only)</b>		Yes:	<input type="text"/>
Payment in Advance / Credit Card		Yes:	<input type="text"/>
		No:	<input type="text"/>
		No:	<input type="text"/>

**Woolrich Inc**  
**2 Mill Street**  
**Woolrich, PA 17779**

**(570) 769 - 6464**  
**800 - 995 - 1299**  
**Fax: (570) 769 - 6736**

**www.Woolrich.com**

\*\*\* The undersigned authorizes and releases all banks, persons and companies listed on this application to furnish information. The undersigned also authorizes a credit check for both the business and/or personal credit history. \*\*\*

BANK NAME		TELEPHONE NUMBER	
BANK ADDRESS		FAX NUMBER	
CITY		STATE	
		ZIP	
ACCOUNT NUMBER / REPRESENTATIVE			

**Trade References: MUST INCLUDE FAX #'s – Also need mailing address with zip code.**

NAME		PHONE #		ACCT #	
ADDRESS				FAX #	
NAME		PHONE #		ACCT #	
ADDRESS				FAX #	
NAME		PHONE #		ACCT #	
ADDRESS				FAX #	
NAME		PHONE #		ACCT #	
ADDRESS				FAX #	
NAME		PHONE #		ACCT #	
ADDRESS				FAX #	

Customer agrees that any amount not paid within 30 days \* of invoice will carry interest at the rate of 1 ½ % per month, and further agrees to pay all collection costs, court costs and legal fees incurred to collect delinquent balances.

\* Sellers terms and conditions will supercede any and all other contracts and/or documents unless expressly agreed to in writing by all parties to the contract.

SIGNED / OWNER OR OFFICER	
TITLE	
DATE	
PRINT NAME	

Woolrich Inc

2 Mill Street  
Woolrich, PA 17779

(570) 769 - 6464

800 - 995 - 1299

Fax: (570) 769 - 6736

Visit our web site @ [www.woolrich.com](http://www.woolrich.com)

\*\*\*\*\*

Date:

Bank:

In order to obtain credit information from your bank, they require a signature of authorization. Please sign below so we can obtain the information without delay.

If you have any questions, please call Dave Allen at 800 – 995 – 1299 x 2182

Sincerely,

**Dave Allen**

Dave Allen  
Credit Manager

Signature

Date

Printed Name and Title