

## Outdoor Product Innovations Inc.

177 Reaser Ct. Elyria, Oh.44036  
888-507-2021

### CREDIT APPLICATION

(PLEASE TYPE OR PRINT)

**NOTE:** To qualify for a Commercial Account, companies in business less than six months will require authorization to review personal credit.

<b>Company Name (Full Legal Name)</b>			<b>Ship to Name (if different from Company Name)</b>	
Doing Business As (D.B.A.)			Ship to Address	
Company Address			City	State, Zip (Postal Code)
City	State	Zip (Postal Code)	District (County)	
District (County)			Phone (Ship To Only) ( )	Fax (Ship To Only) ( )
Post Office Box	State	P.O. Box Zip	E-Mail Address (Ship To Only)	
Phone ( )	Fax ( )	Parent Company (If Applicable)		
E-Mail Address (General Correspondence)			Parent Company Phone ( )	Parent Company Fax ( )

**THE FOLLOWING INFORMATION MUST BE PROVIDED. INFORMATION WILL REMAIN CONFIDENTIAL.**

<b>Check One:</b> <input type="checkbox"/> Partnership / Ltd. Partnership		<input type="checkbox"/> Proprietorship		<input type="checkbox"/> Other (Please Specify)		Federal ID Number or Social Security Number	
<input type="checkbox"/> Corporation		<input type="checkbox"/> Government					
How Long In Business	Type of Business	Dun & Bradstreet Number	Credit Account (Annual Purchase Amount)	C.O.D. Request Yes or No:			

**TRADE REFERENCES**

Name	Address	Phone ( )	Fax ( )
Name	Address	Phone ( )	Fax ( )
Name	Address	Phone ( )	Fax ( )

**BANKING INFORMATION** Attach a copy of a voided check from the account that will be used to make payments.

Primary Bank Name	Phone / Fax ( )	Account Number	Bank Key (ABA Number)	Country
Savings Bank Name	Phone / Fax ( )	Account Number		
Loan Bank Name	Phone / Fax ( )	Account Number		

**CUSTOMER CONTACT LIST** Example: accounts payable, shipping and receiving manager, officers etc.

Name	Department	Function	Phone ( )	Fax ( )
Name	Department	Function	Phone ( )	Fax ( )
Name	Department	Function	Phone ( )	Fax ( )

**AUTHORIZATION TO REVIEW PERSONAL CREDIT HISTORY, if applicable**

If in business less than 6 months, the following must be completed by the owner, a general partner or an officer of the company.

Personal credit of the person signing the application will be used in making a credit decision and a consumer credit report may be obtained.

Name and Title	Home Street Address	Phone ( )	Fax ( )
Social Security Number	Signature	Date	

**CUSTOMER SIGNATURE**

We certify that all the information on this form is correct. We fully understand your credit terms and agree to make prompt payment in consideration of credit extended, as provided on Outdoor Product Innovations Inc. invoices. If established, OPI INC. reserves the right to adjust or revoke this line of credit at any time. We further agree to pay all reasonable costs for collection and legal fees, except to the extent prohibited by applicable law. In addition, you are authorized to check our credit history and to answer questions about your credit experience with us. We understand that if our account becomes past due, interest shall accrue on the unpaid balance from such time until fully paid at the lesser of 1.50 % per month (which is 18% per annum), or the maximum rate permitted by law, and we agree to be liable for such interest.

Signature (Owner or Officer only)	Date
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**Outdoor Products Inc. USE ONLY**

Credit Line Approved: \$ _____	Approved _____	Declined _____	D & B Rating: _____	Authorized Signature _____	Date _____
Sales Rep. / Agency _____					

**(PLEASE RETURN ATTACHED TAX CERTIFICATE IF APPLICABLE)**