COMMERCIAL CREDIT APPLICATION

WOLFE™ Powerful Hiring & Retention Solutions

Account Coordinator: _____

Account Number: _____

Date: _____

PLEASE FILL OUT AND RETURN TO WOLFE INC.

Return it via **FAX** to: OR via **EMAIL** to:

COMPANY NAME: _____

(Please provide the name of your company as you would like it to appear in all future correspondence.)

Physical Street Address: _____ Phone: _____

City/State/Zip: _____ Fax: _____

A/R Contact: _____ Phone: _____

A/R Contact's Email: _____

Owner/Officer Name: _____ Phone: _____

Owner/Officer Address: _____ Fax: _____

Owner/Officer Email: _____

Ship-To Address: _____ Billing Address: _____

City/State/Zip: _____ City/State/Zip: _____

BUSINESS STRUCTURE: (Please check only one option)

☐ Corporation ☐ Private ☐ Public ☐ S Corp ☐ C Corp ☐ LLC ☐ Partnership ☐ Proprietorship ☐ State of Incorporation

If subsidiary, please provide Parent Company: _____

Property Ownership: ☐ Own ☐ Lease Years of Occupancy: _____

Name of Leaser: _____ Phone: _____

Address of Leaser: _____

Federal Tax ID # : _____ Dunn & Bradstreet # : _____

Anticipated Monthly Purchases: _____ Credit Limit Requested: _____

Years in Business: _____ Annual Sales: _____

Personal Guarantee Signature: _____ SSN: _____

TRADE REFERENCES (Please list three major trade references below)

COMPANY NAME: _____ Account #: _____

Street Address: _____ Phone: _____

City/State/Zip: _____ Fax: _____

A/R Contact Name: _____ Title: _____ Average Monthly Purchases: _____

COMPANY NAME: _____ Account #: _____

Street Address: _____ Phone: _____

City/State/Zip: _____ Fax: _____

A/R Contact Name: _____ Title: _____ Average Monthly Purchases: _____

COMPANY NAME: _____ Account #: _____

Street Address: _____ Phone: _____

City/State/Zip: _____ Fax: _____

A/R Contact Name: _____ Title: _____ Average Monthly Purchases: _____

BANK REFERENCES: All statements made herein are true to the best of my knowledge. We authorize Wolfe/Keystone to make any and all inquiries necessary for action on this credit application. We hereby indemnify Wolfe/Keystone and the agents from any liabilities resulting from their credit survey. Customer agrees to pay cost of any applicable and reasonable attorney fees and/or collection fees incurred by Wolfe/Keystone in the process of verifying and checking the credit holder's accounts and collecting any past due amounts. If suit becomes necessary, it will be litigated in the county/state of the seller.

AUTHORIZED COMPANY REPRESENTATIVE:

Printed Name	Signature	Title	Date

Credit Card Authorization Form

Please print out this form and fax to: 1-888-398-5070

Legal Company Name: _____

Company Address: _____

Telephone: _____ Fax: _____

E-Mail: _____ Fed ID #: _____

Cardholder's Name: _____

Type of Card: VISA ☐ MASTERCARD ☐ DISCOVER ☐ AMEX ☐

Card Number: _____

Expiration Date: _____ CVC Code (3 or 4 digit number on back of card) _____

CREDIT CARD BILLING ADDRESS (this address must match the credit card billing address exactly):

Street: _____

City, State & Zip: _____

Telephone: _____

Fax: _____

E-Mail: _____

I verify that all information is correctly provided, and that I, the undersigned, am the cardholder of the above credit card. I further verify that the signature below is my signature as indicated on the reverse of the above indicated card. I hereby authorize WOLFE to charge my indicated credit card, without an imprint for no more than the amounts of:

US DOLLARS (FIGURES ONLY) $ _____

US DOLLARS (WORDS ONLY) _____

Plus, any shipping and handling charges as imposed by WOLFE.

I understand that WOLFE still reserves the right to request the front and back copy of my card, and/or of my driver's license should further verification and authenticity of the cardholder be required. Cardholder also agrees not to request any charge backs on the credit card until any disputed matters are resolved with WOLFE. No charge backs will be made until disputed matters are also resolved with the salesperson that has undertaken this sale.

Your completion of this authorization form helps us to protect you, our valued customers, from credit card fraud. All information entered on this form will be kept strictly confidential by WOLFE.

Cardholder's Signature: _____

Date Signed: _____