



Application for Credit

3 pages

6930 N. Fremont Road Ozark, MO 65721 417.725.4118 fax 417.725.1039

Business Name _____
Trade Name (if any) _____

Bill To Address: _____

Ship To Address: _____

Phone _____
Fax _____
E-Mail Address _____
Web Address _____

Type of Business
____ Corporation, in the state of _____ Month/Year _____
____ Partnership, state Type of Partnership _____ Month/Year _____
____ Sole Proprietor, SSN _____ By supplying this information you understand that we may initiate an inquiry on your personal credit rating in order to approve your open account with Fiocchi of America, Inc. _____ please initial, as your approval to run a personal credit report.

Owners, Principals and/or Officers

Name:	Title	Phone #	SSN
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Type of Business: ___ Wholesale Store Hours: _____
___ Retail Estimated Annual Sales: _____
Fiscal Year End Date: _____

Do you currently stock Fiocchi Products? ___ Yes ___ No
If yes, where do you purchase Fiocchi Ammunition? _____
Will you accept backorders on an "as ready" basis? ___ Yes ___ No
Name of individual to call regarding: Orders: _____
Accounts Payable: _____

Application for credit is hereby made and the following references given. It is understood this information will be held in strictest confidence and used only by our credit department. Amount of credit desired: \$ _____

Will you prepay shipments until credit is established? yes no

Note: For the following sections, incomplete answers may delay processing of your application for credit.

Bank Reference	<input type="checkbox"/> Business (Preferred)	<input type="checkbox"/> Checking	Account # _____
	<input type="checkbox"/> Personal	<input type="checkbox"/> Savings	Account # _____
		<input type="checkbox"/> Loan	Account # _____
Bank Name	_____		Phone # _____
Address	_____		Acct Officer: _____
City	_____	State _____	Zip _____

Bank Reference	<input type="checkbox"/> Business (Preferred)	<input type="checkbox"/> Checking	Account # _____
	<input type="checkbox"/> Personal	<input type="checkbox"/> Savings	Account # _____
		<input type="checkbox"/> Loan	Account # _____
Bank Name	_____		Phone # _____
Address	_____		Acct Officer: _____
City	_____	State _____	Zip _____

Trade References Business Only Please do not use Toll Free Numbers as they may not be available from all areas.

Name: _____	Name: _____
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Phone () _____ - _____	Phone () _____ - _____
Fax () _____ - _____	Fax () _____ - _____
Name: _____	Name: _____
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Phone () _____ - _____	Phone () _____ - _____
Fax () _____ - _____	Fax () _____ - _____



Fiocchi USA Credit Application

6930 N. Fremont Road
Ozark, Missouri
417.725.4118
417.725.1039

We hereby agree to the following conditions of sale:

1. That a representative of Fiocchi of America, Inc., may contact trade and bank references for verification of credit standing and payment history.
2. That the information contained in this application is true and correct, and we will notify you immediately of any changes of the facts.
3. That all invoices will be paid within the terms indicated on the sales invoice. If any invoice becomes delinquent, Fiocchi of America, Inc., at that time, reserves the right to call all open invoices due and payable
4. Freight terms are: Full Freight Allowed. If the invoice is not paid within the terms of sale actual freight charges will be billed back to the purchaser.
5. Payment history will be a determining factor for continuing credit.
6. That I/We will pay a late charge of 18% annum on the unpaid balance of our account on the first of each month if payment has not been made in accordance with the terms of the sales invoice. If such a rate is unlawful in accordance with applicable law, the late charge will be equal to the maximum amount provided for under applicable law, but in no event greater than 1.5% per month.
7. That I/We will pay for reasonable attorney or collection agency fees in the event that our account is turned over for collections.

Authorized Signature

Date

Printed name of person signing

Title

Sales Representative Signature

Date: