



POB 8648 Lancaster, PA 17604  
 Phone: 717/740-4600  
 Order Only Fax: 717/626-5409  
 Credit Fax: 844/828-0572  
 AR Email: wsar@woodstream.com

NEW CUSTOMER APPLICATION

DATE \_\_\_\_\_ DOMESTIC/INTERNATIONAL(Circle one)

COMPANY NAME \_\_\_\_\_ PHONE # (include are code) \_\_\_\_\_ FAX # \_\_\_\_\_

BILLING ADDRESS (Street, City, State, Zip) \_\_\_\_\_ SHIPPING ADDRESS (Street, City, State, Zip) \_\_\_\_\_

NAME OF PRINCIPALS (List home address and zip for partnership or proprietorship) \_\_\_\_\_

PLEASE CHECK ONE:  Proprietorship  Partnership  Corporation Publicly Owned  Division  Subsidiary

TYPE OF BUSINESS \_\_\_\_\_ YEARS IN BUSINESS \_\_\_\_\_ D&B RATING & DUNS # \_\_\_\_\_ TAX EXEMPT  Yes  No STATE SALES/USE TAX EXEMPTION # (If Yes, please include certificate) \_\_\_\_\_ State \_\_\_\_\_

SOCIAL SECURITY # (For partnership or proprietorship) \_\_\_\_\_ RESIDENTIAL ADDRESS (Street, City, State, Zip- for partnership or proprietorship) \_\_\_\_\_

COPY OF CUSTOMER'S LATEST FINANCIAL REQUIRED. IF FINANCIAL STATEMENT IS NOT PROVIDED, STATE REASON UNDER REMARKS.  
 (Balance Sheet and Income Statement must be Signed.)  Attached  To Follow When \_\_\_\_\_

BUYER/CONTACT NAME & PHONE # \_\_\_\_\_ # OF SALES PEOPLE \_\_\_\_\_ WAREHOUSE SPACE (sq. ft) \_\_\_\_\_

IF RETAILER, # OF STORES OWNED \_\_\_\_\_ IF DISTRIBUTOR, # OF RETAIL ACCOUNTS PURCHASING FROM YOUR COMPANY \_\_\_\_\_

**ALL INVOICES AND MEMOS WILL BE SENT ELECTRONICALLY. DELIVERY OPTIONS ARE EDI, EMAIL, OR FAX. PLEASE INCLUDE THE INFORMATION BELOW TO ENSURE PROPER DELIVERY. INVOICES WILL NOT BE MAILED.**

ACCOUNTS PAYABLE CONTACT NAME & PHONE # \_\_\_\_\_ DO YOU USE WIRE TRANSFER TO REMIT PAYMENT?  Yes  No

AP E-MAIL ADDRESS AND/OR FAX # \_\_\_\_\_ ARE YOU EDI CAPABLE?  Yes  No If yes, ANSI 12 \_\_\_\_\_ VICS \_\_\_\_\_

Please circle if applicable and provide:  
 Vendor Agreement:, Vendor Compliance or Routing Guide OTHER \_\_\_\_\_  
 Please provide Contact Info: \_\_\_\_\_  
 Vendor # \_\_\_\_\_ Phone/Email: \_\_\_\_\_

**NEW CUSTOMER APPLICATION CONTINUED**

Is there an order attached to this paperwork?  Yes  No  
**Incomplete applications will cause a delay in processing. If your company is sales tax exempt, the certificate of exemption should be submitted with application. Please fax or mail this application to the above address.**

Remarks: \_\_\_\_\_

**INTERNATIONAL CUSTOMERS-**  
 PLEASE ADVISE US OF ANY LOCAL CONDITIONS PERTAINING TO REMITTANCE OF FOREIGN EXCHANGE OF WHICH WE SHOULD BE AWARE.

Applicant's signature attest financial responsibility and willingness to pay our invoices in accordance with Woodstream Corporation terms. In the event payment is not received in accordance with terms, applicant agrees to pay late charges of 1.5% per month (annual percentage rate of 18%) on the past due amount. Applicant also understands that in the event of non-payment, Woodstream Corporation is entitled to charge reasonable collection costs and attorney fees incurred.

The above information is for the purpose of obtaining credit and is warranted to be true. I/We hereby authorize Woodstream Corporation to investigate the references listed pertaining to my/our credit and financial responsibility. Woodstream is a member of the National Association of Credit Management.  
 Thank you for completing this Application.

Company Name: \_\_\_\_\_  
 By: \_\_\_\_\_  
 Title: \_\_\_\_\_