



# Commercial Credit Application

<b>Office Use Only</b>	
APPROVED:	YES NO
DATE OPENED	_____
CREDIT LIMIT	_____
APPROVED BY	_____

**CORPORATE HEADQUARTERS**  
 1145 Sunrise Greetings Court  
 Bloomington, IN 47404  
 Phone: (800) 457-4045 • (812) 336-9900

*If applicable, please complete a resale exemption certificate for your purchases that are to be resold, or provide a copy of your tax exempt status if you are exempt from all sales taxes.*

Please fax back to (866) 278-0286  
 For questions call your Sunrise Sales Rep

COMPANY NAME		CUSTOMER ACCOUNT #	
BILLING ADDRESS		ACCOUNT SERVICES REP / SALES REP	
SHIPPING ADDRESS		A/P CONTACT	
<input type="checkbox"/> SEND INVOICE/STATEMENTS TO THIS ADDRESS		CHIEF FINANCIAL OFFICER	
If multiple shipping addresses please attach store listing CITY/STATE/COUNTY/ZIP or PROVINCE/POSTAL CODE		BUYER NAME	
PHONE #		E-MAIL ADDRESS	
FAX #		<input type="checkbox"/> CORPORATION <input type="checkbox"/> LLC <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> Other	
STATE RETAIL TAX #		FEDERAL ID #	
		OPENING ORDERS    AMOUNT    FOOTAGE    POCKETS	
		\$	
SPP FUNDS REQUESTED: <input type="checkbox"/> YES <input type="checkbox"/> NO AMOUNT: \$		FIXTURE AGREEMENT: <input type="checkbox"/> YES <input type="checkbox"/> NO AMOUNT: \$	
BUSINESS START DATE (UNDER CURRENT OWNERSHIP)		DATE/STATE OF INCORPORATION (REQUIRED)	
DBA/AKA		DUNS #	
DO YOU ISSUE PURCHASE ORDERS? <input type="checkbox"/> YES <input type="checkbox"/> NOT REQUIRED <input type="checkbox"/> BRAVO AUTO REORDER SYSTEM		Office Use    Class of Trade <input type="text"/>	

### TRADE REFERENCES

COMPANY NAME AND ACCOUNT NUMBER	ADDRESS/CITY/STATE/ZIP	TELEPHONE	FAX

### BANK REFERENCE

BANK NAME/CONTACT	TELEPHONE #	CHECKING ACCOUNT #
	FAX #	
ADDRESS	CITY	STATE/ZIP

### PERSONAL INFORMATION

NAME	PERSONAL ADDRESS/CITY/STATE/ZIP	PERSONAL TELEPHONE #
PLEASE INCLUDE INFORMATION FOR ONE PERSONAL REFERENCE BELOW		
NAME	ADDRESS/CITY/STATE/ZIP	TELEPHONE #

### CUSTOMER APPROVAL (Signature required even if credit info sheet is submitted in lieu of application)

**EACH PERSON SIGNING BELOW WARRANTS AND REPRESENTS THAT HE OR SHE HAS AUTHORITY TO DO SO.**  
 I warrant and represent that the information I have provided is accurate and complete and I intend Sunrise Greetings to rely on it in determining whether to extend credit. I understand the terms of sale of all orders and I will comply with those terms. I authorize Sunrise Greetings to acquire credit information from any source and I authorize all such sources to provide accurate and complete credit information. All overdue balances will incur interest at the rate of 1.5% per month or such lower rate as required by law. If Sunrise Greetings uses a collection agency or brings suit to recover any overdue balance, I will pay all of Sunrise Greetings's costs and attorney's fees in addition to the overdue balance and interest thereon.

PRINT NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
 PRINT NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

Sunrise Greetings does NOT issue checks or cash for credits. Credits may ONLY be applied against future product orders or outstanding invoices.