



5090 STYERS FERRY ROAD
LEWISVILLE, NC 27023
TEL 336.766.2882 • FAX 336.837.0016
WWW.SESSIONSUSA.COM

CREDIT INFORMATION & APPLICATION FORM

➤ **BILL TO:**

◆ COMPANY NAME _____
ADDRESS _____ P.O. BOX _____ CITY _____
STATE _____ ZIP _____ TEL _____ FAX _____

➤ **SHIP TO:**

◆ COMPANY NAME _____
ADDRESS _____ CITY _____
STATE _____ ZIP _____ TEL _____ FAX _____
BUYER'S NAME: _____ YEAR BUSINESS STARTED: _____
E-MAIL ADDRESS: _____ CELL PHONE _____

RETURN POLICY: ALL SALES FINAL UNAUTHORIZED DEDUCTIONS MUST BE PAID IN FULL BEFORE FUTURE ORDERS ARE RELEASED

➤ **CREDIT REFERENCES:**

◆ COMPANY NAME _____
ADDRESS _____ CITY _____
STATE _____ ZIP _____ TELEPHONE _____ FAX _____
ACCOUNT # _____

◆ COMPANY NAME _____
ADDRESS _____ CITY _____
STATE _____ ZIP _____ TELEPHONE _____ FAX _____
ACCOUNT # _____

◆ COMPANY NAME _____
ADDRESS _____ CITY _____
STATE _____ ZIP _____ TELEPHONE _____ FAX _____
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NAME (Please Print): _____ TITLE: _____

COMPANY NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE : _____ ZIP: _____

TELEPHONE: _____ FAX : _____ CELL: _____

BANK NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

ACCOUNT #: _____

TELEPHONE: _____ FAX: _____

TAX ID # _____

The undersigned represents and warrants that the information provided is true and correct, and that any change to the foregoing information will be sent to Sessions Specialty Company in writing immediately upon any such change. The undersigned also expressly authorizes Sessions Specialty Company to contact all of the references provided for reference purposes and to contact any and all credit reporting agencies for credit application purposes. Should Sessions Specialty Company extend credit to the undersigned, the undersigned agrees to the terms and conditions of sale, which are hereby incorporated herein by this reference. All sales final, no unauthorized deductions. Future orders will be held if unauthorized deductions are not paid in full and/or resolved. Additionally, the undersigned agrees to the following terms and conditions: (i) all invoices will be paid promptly when due in accordance with the terms on the invoice; (ii) any invoice not paid when due will be subject to a service charge of 2% per month, but not to exceed the maximum rate permitted by law; (iii) failure to pay within the specified terms may result, at Sessions Specialty Company's discretion, in the undersigned's account requiring payment by electronic funds transfer, credit card, or payment in advance only; (iv) in the event any default; the undersigned shall be responsible for all costs, damages and expenses relating to Sessions Specialty Company collection efforts, including, but not limited to, actual attorney's fees, whether or not litigation is commenced, and cost; (v) jurisdiction and venue of any action arising hereunder will be in Forsyth County, North Carolina.

AUTHORIZED SIGNATURE: _____ TITLE: _____

PRINT NAME: _____ Application Date: ____/____/____