

## Cherokee Data Solutions Client Credit Application

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**Please Note:**

1. The CDS Credit Department will analyze the application based on the information provided and may require additional information.
2. The Application must be signed by an authorized signer or owner of sole proprietorships.

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**Mail To:** CDS  
PO Box 1121  
Claremore, OK 74018  
Attn: New Accounts

**Send To:** Fax: (918) 343-3578  
Email: Credit@OKCDS.COM

### A. General information (For Government Entities or Businesses)

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**Business Trade Name (DBA)**

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**Business Legal Name (as it appears on business license)**

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**Business Street Address (Street, City, & Zip Code)**

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**Business Phone**

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**Billing Address (if different-Street, City, State & Zip Code)**

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**Fax Number**

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**Shipping Address (Street, city, State & Zip Code)**

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**Special Instructions for Shipping**

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**Officer/Owner Name**

**Title**

**E-Mail**

**Business Phone**

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**Officer/Owner Name**

**Title**

**E-Mail**

**Business Phone**

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**Purchasing Department Contact**

**Title**

**E-Mail**

**Business Phone**

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**Accounts Payable Contact**

**Title**

**E-Mail**

**Business Phone**

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**B. SHIP TO ADDRESSES** (Use Company letterhead to add additional addresses now or at a later time)

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Name, Address (Street, city, State & Zip code) Telephone Contact Name

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Name, Address (Street, city, State & Zip code) Telephone Contact Name

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Name, Address (Street, city, State & Zip code) Telephone Contact Name

**C. SHIPMENTS (For Government Entities or Businesses) - (Indicate preference below)**

Partial Shipments- invoices for product partially shipped will be accepted and paid according to terms set forth in this application.

Complete Shipments – are preferred with the understanding that invoices for product partially shipped will be accepted and paid according to terms set forth in this application.

**D. DESCRIPTION OF BUSINESS (For Government Entities or Businesses)**

This company is a (check one):

Sole Proprietorship  Corporation-Private  Public  incorporated in the state of \_\_\_\_\_

Please briefly describe your company's business: \_\_\_\_\_

Length of time operating under the above business name: \_\_\_\_\_

D & B Number: \_\_\_\_\_ SIC Number: \_\_\_\_\_ Federal ID Number: \_\_\_\_\_

Taxable:  Yes  No (If No – Include a copy of the exemption certificate including tax ID #)

What is your company's total annual revenue?: \_\_\_\_\_

How Many employees does your company have?: \_\_\_\_\_

**E. BANK INFORMATION (For Businesses Only)**

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1 <sup>st</sup> Bank	2 <sup>nd</sup> Bank
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Address	Address
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Account Officer	Account Officer
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Account Number	Account Number
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Telephone Number	Telephone Number
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**F. PRIMARY SUPPLIERS (Related industry first, purchases during last 12 months) – (Businesses Only)**

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Name, Address (Street, City, State & Zip code), Telephone, Contact Name	Account Number
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Name, Address (Street, City, State & Zip code), Telephone, Contact Name	Account Number
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This application is submitted by applicant to Cherokee Data Solutions (CDS) for the purpose of obtaining credit. CDS reserves the right to decline credit to applicant and, in the event credit is

extended to applicant, to change or revoke applicant's credit limit on the basis of changes in CDS's credit policies or applicant's financial condition and or payment record.

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Applicant recognizes that CDS is providing a valuable service by accepting the financial risk associated with product/services ordered from Cherokee Data Solutions (CDS) shown on Page 1. Cherokee Data Solutions will invoice applicant for all product/services purchased relevant to orders for which this application is made.

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By signing this application, applicant certifies that all information provided on this application is correct to the best of the applicant's knowledge. Applicant also certifies that he/she is authorized to enter into this agreement.

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Applicant hereby authorizes the references listed on this application to release credit and banking information to Cherokee Data Solutions.

Terms are Net 30 Days. Late payment will incur penalty, interest and may be reported to credit reporting agencies. Additional terms and conditions applicable to this application are attached and require a signature.

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Signed at \_\_\_\_\_ as of this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_  
(Time) (Day) (Month) (Year)

Authorized Signer:

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(Director or above) Legally Binding Authorized Signature                      Print Name and Title

**CREDIT LINE INFORMATION**

Annual Volume Anticipated: \_\_\_\_\_

Requested Credit Line: \_\_\_\_\_

Pending Purchase Order Amount: \_\_\_\_\_