



**CHEROKEE MANUFACTURING LLC**  
**CREDIT APPLICATION**

*Corporate Office: 150 Bridgepoint Dr. Suite 200, South St. Paul, MN 55075  
PH (800) 798-9473 • FAX (651) 451-1138*

Name of Firm: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ State: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Partner Social Security Number: \_\_\_\_\_

Tax Identification Number: \_\_\_\_\_ State: \_\_\_\_\_

Please include a completed tax form if your purchases are to be tax exempt.

Amount of Credit Desired: \_\_\_\_\_

Please provide the following:

\_\_\_\_\_  
\_\_\_\_\_

Please check one of the following:

Corporation     Partnership     Proprietorship     Personal

If incorporated or a partnership, list the full names of the officers or partners below:

\_\_\_\_\_  
\_\_\_\_\_

Please list name, address, phone number, and fax number of three major industry suppliers with whom you have done business on credit in the past year:

	<b>Name</b>	<b>Address</b>	<b>City, State, Zip</b>
1.)	_____	_____	_____
	Phone: _____		Fax: _____
2.)	_____	_____	_____
	Phone: _____		Fax: _____
3.)	_____	_____	_____
	Phone: _____		Fax: _____

Name and address of your bank (or banks):

\_\_\_\_\_  
\_\_\_\_\_

## CHEROKEE MANUFACTURING LLC CREDIT POLICY

Anyone desiring credit must complete our credit application.

Each account, if approved, will be given a credit limit.

When the credit limit has been exceeded, no credit will be extended until the amount due is within the credit limit. If you wish to increase your credit limit, you must have it approved prior to the purchase of additional merchandise.

Our normal terms are Net 30 days. Drop shipments and other special arrangements carry their own specific terms.

Any account 45 days or older will be considered in default.

Interest is assessed after 30 days. The current rate is 1 ½% per month, 18% annually.

This agreement shall be construed as having been delivered in the State of Minnesota, shall be construed with the laws of Minnesota and the parties hereto expressly agree that venue shall be in the State of Minnesota only, and in addition, the undersigned hereby consents to jurisdiction of the courts of the State of Minnesota, County of Dakota, the U.S. District Court, for the District of Minnesota.

It is hereby requested that Cherokee Manufacturing extend credit to the undersigned on purchase of goods and/or services. In consideration of such credit, the undersigned hereby certifies that all the information listed in this application is correct to the best of the applicants knowledge and the applicant agrees to immediately notify Cherokee Manufacturing of any material change in the information provided. The applicant authorizes Cherokee Manufacturing to obtain such information as may be required to verify the information contained herein.

The applicant promises to pay within thirty (30) days after the invoice date. If the account is not paid as agreed, the undersigned agrees to pay a Service Charge in the amount of 1 ½% per month on the unpaid balance. The applicant shall pay all reasonable attorney fees plus all collection costs as provided by law.

Date: \_\_\_\_\_ Name of Company: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
\*Signature: \_\_\_\_\_  
\*Print Name: \_\_\_\_\_  
\*If your business is a partnership, all partners must sign.

### PERSONAL GUARANTEE:

For in consideration of Cherokee Manufacturing extending credit at my request to the below listed company, I/we do hereby personally guarantee to Cherokee Manufacturing the payment at 150 Bridgepoint Dr. Suite 200, South St. Paul, MN 55075 of any obligation of the company whenever the company shall fail to pay same. It is understood that this guarantee shall be continuing and irrevocable guarantee and indemnity of such indebtedness of the company. I/we do hereby waive notice of default, non-payment and notice thereof and consent to any modification or renewal of the credit agreement hereby guaranteed.

Date: \_\_\_\_\_ Name of Company : \_\_\_\_\_  
Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
\*Signature: \_\_\_\_\_  
\*Print Name: \_\_\_\_\_  
\*If your business is a partnership, all partners must sign.