



**Green Supply, Inc.**  
*The Sportsman's Choice*

*Wholesale Distributor*

*Sporting Goods and Camping Supplies*

*Established 1967*

3059 Audrain Road 581 — Vandalia, MO 63382 — (800) 424-4867 — Fax: (573) 594-2211

## **ACH Direct Deposit/Debit Authorization**

I hereby authorize an automatic deposit/debit be made to my checking or savings account that I have indicated below. I understand that I will receive record of this deposit/debit from my financial institution, and all information will be kept in the strictest confidence.

Customer Number (Required): \_\_\_\_\_

Green Supply Account Name: \_\_\_\_\_

Full Legal Name of Business: \_\_\_\_\_

Full Trade Name of Business: \_\_\_\_\_

Mailing Address of Business: \_\_\_\_\_

Street Address (No PO Box): \_\_\_\_\_

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

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

New ACH

Update ACH on File

Green Supply **MUST HAVE** a voided check containing the routing number and account number of the account to be debited or a made to.

Please send all information to:

Green Supply  
3059 Audrain Road 581  
Vandalia, MO 63382

Or Fax: (573) 594-2211

**ALL 3 PAGES MUST BE COMPLETED AND RETURNED**



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**Business Information**

Full Legal Name of Business: \_\_\_\_\_

Full Trade Name of Business: \_\_\_\_\_

Mailing Address of Business: \_\_\_\_\_

Street Address (No P.O. Box): \_\_\_\_\_

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

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

Email Address: \_\_\_\_\_

What is the purpose of your business (what do you do)? \_\_\_\_\_

\_\_\_\_\_

How long has your business been in existence? \_\_\_\_\_

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**Personal Information**

Name of Individual in charge of business: \_\_\_\_\_  
*Last Name, First Name Middle Suffix*

Social Security Number of Individual: \_\_\_\_\_

Residential Address of Individual: \_\_\_\_\_

How long have you lived at above residence? \_\_\_\_\_

If less than three years, list previous address: \_\_\_\_\_

Drivers License Number (with state of issue): \_\_\_\_\_

Position held within the business: \_\_\_\_\_

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**General Information**

What is your anticipated monthly volume? \_\_\_\_\_

Are you purchasing for resale? \_\_\_\_\_

Who do we contact if there is a problem with an invoice? Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Who is the authorized purchaser for your business? \_\_\_\_\_



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**TERMS AND CONDITIONS**

1. Payment terms are net due from date of invoice
  2. All amounts not paid as agreed herein shall accrue interest at the rate of 1 1/2% per month (18% per Annum) or the highest permissible rate by law, whichever is less.
  3. Applicant agrees to pay a service charge of \$30.00 for each check returned unpaid.
  4. In the event of default of payment of any amount due hereunder, and if the account is placed with an outside attorney for collection, Applicant agrees to pay all reasonable collection costs, attorney fees and court costs.
  5. No returns will be accepted without prior return authorization number.
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**PERSONAL GUARANTEE**

I hereby agree to pay Green Supply, Inc. all indebtedness now or hereafter owing by me to said company whether individually, partnership or corporation. In consideration of Green Supply, Inc. extended credit to the above applicant, the undersigned does hereby individually and personally guarantee the sum or sums of money as may at anytime hereafter become due from the said applicant for goods sold to the applicant whether said indebtedness be in form of notes, bills or open account. If it becomes necessary to enforce this guarantee by suit, I agree to pay interest and attorney fees as allowed by law.

Date: \_\_\_\_\_ Signature of Owners: X \_\_\_\_\_

Date: \_\_\_\_\_ Signature of Owners: X \_\_\_\_\_

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**Office Use Only**

Customer #: \_\_\_\_\_ App For: OA \_\_\_\_\_ Co. Check: \_\_\_\_\_

Date Rcv'd: \_\_\_\_\_ Date Sent: \_\_\_\_\_

Approved By: \_\_\_\_\_ For: \_\_\_\_\_

Date: \_\_\_\_\_