



Credit Policy

Thank you for your interest in doing business with Stover Manufacturing LLC. Please review our credit policy below and initial at the bottom of the page to indicate your acceptance. We also need you to complete the credit application, sign it and return all 3 pages to us. Feel free to call me directly with any questions you may have at 855-246-3227.

Nancy Grooms, Controller

Terms

Standard terms of payment are NET 30 DAYS from the date of invoice. All customers who desire credit are required to submit a completed Stover credit application form to Jeff Harris by email at jharris@stovermfg.com or by fax to 888-428-0367. Notice of approved terms and credit limits will be sent to applicants upon credit approval.

Finance Charges

Finance Charges will accrue on past due invoices at a rate of 1.5% per month. Invoices 90 days past due may be turned over to a third party for collection and the customer's credit account will be closed.

Privacy Policy

We are serious about protecting your privacy and the information that you submit us. This Privacy Policy explains our practices concerning privacy and how they may pertain to you as a customer.

COLLECTED INFORMATION: We automatically collect information knowingly provided by you during the application process such as your company name, street address, e-mail address, telephone number (work and mobile), date of birth, Social Security Number, Tax ID#, bank account information and other personal, financial or demographic information. The information that you submit to us is voluntary, but required if you request credit from us.

USE OF DATA COLLECTED: We use your contact information to send you information about our company and other notices, offers or promotional material. We may also use your company, demographic and profile data for statistical analysis, for marketing and promotional purposes, and for editorial or feedback purposes. Information collected by us may be added to our databases and used for future e-mails or postal mailings regarding new products and services, and upcoming events.

Notwithstanding the foregoing, we will not use your company or financial information such as Social Security Number, Federal Tax ID.# or any other related information, and/or bank account information ("Sensitive Information") for any other purpose, or transfer the same to any third party.

REAL-TIME TAGS Managed Inventory Program

Stover Mfg. will commit to a dedicated inventory of a 4 month supply of tags, labels and thermal supplies for any customer who participates in this NO COST "managed inventory program". Customers in this program submit an inventory listing of all items it will need for the upcoming quarter at least 30 days prior to the beginning of each calendar quarter. Stover then pre-produces those items and places them in a secure inventory area for future release as needed by our valued customer. Discounts are based on annualized purchase volumes thus maximizing your buying power and increasing your cash flow through this valuable "just in time" managed inventory program.



Stover Manufacturing, LLC
919 Alexander Avenue
Port Orange, FL 32129-3449
Phone 386-492-3609

Credit Application

Business Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Shipping Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Tag Buyer Name: _____ E-Mail Address: _____

Federal Tax I.D. or Social Security Number: _____

Sales & Use Tax Exemption Number: _____ State: _____

Type of Business: _____ How Long in Business: _____

Ownership: Corporation Partnership LLC Sole Proprietorship Not for Profit

Credit Limit Requested: \$ _____



Names of Officers

President/CEO/ Owner _____
Name SS No. Direct Phone Number

CFO/Coo/Controller _____
Name SS No. Direct Phone Number

Trade References

	Company Name	Contact	Phone No.	E-Mail Address
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

Bank References

	Institution	Account No./Type	Phone No.	E-Mail Address
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

I/we hereby authorize you to whom this application is made or your agents to investigate my/our financial responsibility and credit worthiness and will provide financial statements, tax returns, etc. as you may deem necessary.

Date: _____ Signature: _____

Printed Name: _____ Title: _____