



APPLICATION FOR OPEN ACCOUNT
For new customers only.
Please complete and return with order.

Name of Business: Lyndons Riverview Sports
Business Address: 6741 NC Hwy 16 S
City: Taylorsville State: NC Zip: 28681
Date Established: 1995 Business Phone: 878-632-7889
Sales Tax ID # 5100000120155 Home # N/A Fax # 878-635-6690
Fed ID# Sb-190143a E-Mail: _____

Type of Business: Corporation () Partnership - Soc. Sec.#: _____
() Limited Liability () Sole Proprietorship - Soc. Sec.# _____
(If Sole Proprietorship or Partnership Social Security Number required)
Officers: Jerry Lydon - Sharon Lydon

Bank References:
Name of Financial Institution: Peoples Bank
Address: 20 Main Street City: Newton State: NC Zip: 28681
Phone # 878-464-5620 Fax # _____
Type of Account: Checking Account #: 53480558
53485088

Trade References: **WE MUST HAVE A MINIMUM OF (3) VALID TRADE REFERENCES IN ORDER TO PROCESS YOUR APPLICATION - FAX NUMBER MUST BE INCLUDED.**

Company Name: Sports Inc Contact: _____
Acct # 900
Address: _____ City: _____ State: _____ Zip: _____
Phone # 406-538-3496 Fax #: 800-227-7207 or 406-538-2801

Company Name: Sports South Contact: _____
Acct # 83070
Address: _____ City: _____ State: _____ Zip: _____
Phone # 800-388-3845 Fax #: ff1@spartssouth.biz

Company Name: RSR Benelli USA Contact: _____
Acct # _____
Address: _____ City: _____ State: _____ Zip: _____
Phone # 301-283-6981 Fax #: 301-283-6988

This is to certify that all merchandise purchased by the undersigned from RECONYX, INC. is purchased for the purpose of resale. PLEASE NOTE: Interest will be charged at the rate of 1.5% per month on any unpaid balance on all overdue accounts. Purchasers are liable for all costs incurred by RECONYX, INC. in collection of delinquent accounts. I hereby authorize RECONYX, INC. to verify my bank account(s) as needed to process my credit application. I further authorize RECONYX, INC. to order a consumer credit report and verify other credit information, including past and present. It is understood that a copy of this application will also serve as authorization to obtain said information. Said information will be used in the processing of this credit application. These conditions are understood and agreed to.

SIGNED: Sharon Lydon DATE: 5-27-2020
PRINT NAME: Sharon Lydon DATE: 5-27-2020

PERSONAL GUARANTEE:
I hereby agree to pay to the undersigned vendor all indebtedness not or hereafter owing by me to said company, whether individually, partnership, or corporation. In consideration of said vendor extending 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 the form of notes, bills or open account. If it becomes necessary to enforce this guarantee by suit, I agree to pay any and all accrued interest and attorney fees as allowed by law.

SIGNED: Sharon Lydon DATE: _____
PRINT NAME: Sharon Lydon DATE: 5-27-2020

REQUEST FOR CREDIT REFERENCE

The customer shown below has given your company as a trade reference. Kindly provide us with the following information and fax this form back to:

Matt Paulsrud, Accounts Receivable @ 608-779-1344

1878 Crookside Place
Waukegan, WI 54636

Phone: 848-492-6044
Local: 608-781-6088
Fax: 608-779-1344

DATE: 05/28/2020

TO: Benelli USA

ATTN: Credit Dept.

FAX 301-283-6988

REGARDING : Lyndons Riverview Sports

6741 NC Hwy 16 S

Taylorsville, NC 28681

Sold From	<u>1 2999</u>	Date of Last Sale	<u>5-27-20</u>
Highest Credit	<u>59,265</u>	Terms	<u>COD</u>
Amount Owng	<u>-0-</u>	Average Pay Days	<u>-13</u>

Current	31-60	61-90	91+
\$	\$	\$	\$

How do you rate this customer:

Excellent Very Good Good Average Poor

Additional Comments: _____

Signature: D. Peterbark

7027

We assure you that this information will be kept strictly confidential! Your immediate reply is very much appreciated!

Lyndon's Riverview Sports, Inc.

CUSTOMER SINCE: 2007

CREDIT LIMIT: 473k

RECENT HIGH BALANCE: 467k

LAST SALE DATE: 6/8/20

DISCOUNTS _____ PROMPT ___x___ SLOW _____ # DAYS SLOW _____

NSF HISTORY: n/a

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Sports, Inc.

Financial Dept.

Ph: (406) 538-3496

Fx: (406) 538-2801

creditreferrals@lrsportsinc.com