



NEW CUSTOMER CREDIT APPLICATION

COMPANY INFORMATION:

LEGAL CO. NAME: _____ DATE ESTABLISHED: _____

DBA NAME (IF ANY): _____

IF SUBSIDIARY, NAME PARENT COMPANY: _____

FORM OF BUSINESS: **PROPRIETORSHIP** **PARTNERSHIP** **CORPORATION** **LLC**

STATE IN WHICH FORMED/INCORPORATED: _____ FEDERAL EIN#: _____

MEMBER OF BUYING GROUP(S): NAME: _____

NAME: _____

BILL-TO ADDRESS:

BUSINESS NAME: _____

STREET _____ TELEPHONE _____

CITY, STATE, ZIP _____ FAX _____

ACCOUNTS PAYABLE CONTACT:

PURCHASING CONTACT:

NAME _____
EMAIL _____
TELEPHONE _____
FAX _____

NAME _____
EMAIL _____
TELEPHONE _____
FAX _____

TERMS REQUESTED: PREPAY OPEN ACCOUNT

CREDIT AMOUNT REQUESTED _____ **EST MONTHLY PURCHASES** _____

SHIP-TO ADDRESS:

(NOTE: IF MORE THAN ONE LOCATION, PLEASE SUBMIT ADDITIONAL LOCATIONS ON SEPARATE SHEET(S) – PLEASE PROVIDE STORE NAMES, CONTACT PERSON(S), ADDRESSES AND PHONE NUMBERS. TAX RE-SALE NUMBERS MAY BE REQUIRED FOR EACH SHIP-TO LOCATION. PLEASE REFER TO ATTACHED PAGE FOR INDIVIDUAL STATE REQUIREMENTS.)

BUSINESS NAME _____

CONTACT _____

STREET _____

CITY, STATE, ZIP _____

TELEPHONE _____

For salesman use only: **Customer Type** (Circle One) 100 200 300 400 500 600

NEW CUSTOMER CREDIT APPLICATION – (Cont)

BANK REFERENCE:

BANK NAME: _____
CONTACT _____
STREET _____
CITY, STATE, ZIP _____
TELEPHONE _____ FAX _____ EMAIL _____

TRADE REFERENCES:

COMPANY NAME _____	COMPANY NAME _____
CONTACT _____	CONTACT _____
STREET _____	STREET _____
CITY, STATE, ZIP _____	CITY, STATE, ZIP _____
TELEPHONE _____ FAX _____	TELEPHONE _____ FAX _____
EMAIL _____	EMAIL _____

COMPANY NAME _____	COMPANY NAME _____
CONTACT _____	CONTACT _____
STREET _____	STREET _____
CITY, STATE, ZIP _____	CITY, STATE, ZIP _____
TELEPHONE _____ FAX _____	TELEPHONE _____ FAX _____
EMAIL _____	EMAIL _____

By signing below, I certify that all statements made on this application are true and correct. I understand that this information will be used by Simiron™ to establish credit worthiness and authorize Simiron to use this information for that purpose. In the event that credit is extended, I agree to the following: (1) To pay for all purchases pursuant to the terms of invoices issued by Simiron ; (2) To pay invoices on or before stated terms; (3) To pay reasonable attorney fees and costs incurred by Simiron in connection with collection of delinquent obligations at a rate up to the maximum the law allows. I understand that any credit terms extended may be terminated at any time without prior notice due to violation of the conditions set forth above.

SIGNATURE _____ TITLE _____
PRINTED NAME _____ DATE _____