



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:

DUNS NUMBER: FEDERAL EIN#:

PHYSICAL ADDRESS:

STREET

CITY, STATE, ZIP

BILL-TO ADDRESS:

BUSINESS NAME:

STREET TELEPHONE

CITY, STATE, ZIP FAX

ACCOUNTS PAYABLE CONTACT:

NAME

EMAIL

TELEPHONE

FAX

PURCHASING CONTACT:

NAME

EMAIL

TELEPHONE

FAX

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.)

BUSINESS NAME

CONTACT

STREET

CITY, STATE, ZIP

TELEPHONE

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	TELEPHONE
EMAIL	EMAIL

COMPANY NAME	COMPANY NAME
CONTACT	CONTACT
STREET	STREET
CITY, STATE, ZIP	CITY, STATE, ZIP
TELEPHONE	TELEPHONE
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 I authorize Simiron to obtain business credit reports, to verify the D&B/DUNS record and other credit reference information provided herein, and to contact the bank and trade references listed on this application 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 a finance charge of 1.5% per month (18% per annum) on any past-due balance, or the maximum rate permitted by applicable law, whichever is less; (4) 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; (5) to dispute any invoice, in writing, within 10 days of the invoice date by contacting Simiron at orders@simiron.com or accounting@simiron.com, after which the invoice shall be deemed accurate and accepted; and (6) to promptly notify Simiron in writing of any change in the undersigned's business address, ownership, or legal structure. I understand that Simiron reserves the right, at its sole discretion, to modify, suspend, or reduce any credit terms or credit limit extended at any time, and that any credit terms extended may be terminated at any time without prior notice due to violation of the conditions set forth above. This Agreement shall be governed by the laws of the State of Michigan, and any dispute arising out of or related to this Agreement shall be resolved exclusively in the state or federal courts located in Oakland County, Michigan. This Agreement, together with the invoices issued hereunder, constitutes the entire agreement between the parties with respect to the subject matter hereof and supersedes all prior or contemporaneous understandings. If any provision of this Agreement is held invalid or unenforceable, the remaining provisions shall remain in full force and effect. No waiver of any provision of this Agreement shall be effective unless in writing, and no failure or delay by Simiron in enforcing any right shall constitute a waiver of that or any other right.

SIGNATURE	TITLE
PRINTED NAME	DATE

Signature must be handwritten (wet signature) or executed through an authorized electronic-signature platform (e.g., DocuSign) to be valid.