



Facsimile Transmittal*****

To: _____ Date: _____

Company: _____

From: _____ Pages: 3

Re: Credit Application

Attached to this letter is a credit application for establishing an account with us. Please complete this application in its entirety; if you submit the application with missing or incomplete information, delays in processing the information could occur. A reference sheet may be attached in lieu of writing out the trade reference information; however, applications MUST BE SIGNED by the appropriate company representative (CORPORATE OFFICER, PARTNER, OR SOLE PROPRIETOR). Also, please note that the time-frame for setting up an open account is dependent on the response time of your references.

Our terms are Net 30. All new accounts are subject to being placed on hold if not paid within terms, or if the credit limit is exceeded. Thank you for your interest in SSI and we hope to be doing business with you soon.

Steve Cialone
Credit Manager
S.S.I.
Phone# 972-243-0676 (Toll Free: 888-243-0672)
Fax# 866-511-5240



CREDIT APPLICATION (2 pages)

PLEASE COMPLETE THIS FORM IN DETAIL

Company Name: _____

Phone: _____ **Fax #:** _____

Billing Address: _____ **Physical Address:** _____

City: _____ **State:** _____ **Zip:** _____

E-mail: _____ **Web Address:** _____

Shipping Address (if different from above):

Type of Business: _____ **How Long?** _____ **P.O. Required?** _____

Taxable: _____ **State:** _____ **City:** _____ **Tax No.:** _____

(If tax exempt, please attach a copy of your tax exemption/resale certificate)

Expected Mo. Purchase Amt: \$ _____

Type of Material to be purchased: _____

Type of Organization: Corporation Partnership or LLC Proprietorship

• If Business is a **CORPORATION**, Please Complete the Following:

Home Office Address: _____ Is this a Branch or Subsidiary of Another Company? _____ If YES, complete the following:

Name of Parent Company: _____

Address (street, city, & state): _____

Are payments made locally or from another office? _____

If from another office, give location: _____

• If Business is a **PARTNERSHIP OR LLC** , Please complete the following:

Full Name of Partner or Member: _____ Home Address: _____

City/State: _____ Home Phone: _____

Full Name of Partner or Member: _____ Home Address: _____

City/State: _____ Home Phone: _____

• If Business is a **PROPRIETORSHIP**, Please complete the following:

Full name of Owner: _____ Social Sec. #: _____

Home Address: _____ Spouse's First Name: _____

City/State: _____ Spouse's S.S. #: _____
Home Phone #: _____

If business is less than two (2) years old, give previous business occupation:

Have you ever declared Bankruptcy? : YES NO If yes, when? _____

Bank: _____ Loan Officer: _____
Account #: _____ Phone #: _____
Address: _____
How many years have you done business with this bank? _____

TRADE REFERENCES for charge accounts under **COMPANY NAME MAKING APPLICATION: A REFERENCE SHEET MAY BE ATTACHED** (Verifiable commercial trade references **ONLY**; D&B, banks, and credit cards are not acceptable-Please Note: Lowes & Home Depot **DO NOT** give references)

<u>COMPANY NAME</u> (and account# where applicable)	<u>CITY/STATE</u>	<u>PHONE</u> (include area codes)	<u>FAX</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

DEBTOR ACCEPTS CREDIT WITH THE UNDERSTANDING THAT ALL BILLS WILL BE PAID IN ACCORDANCE WITH OUR TERMS, REGARDLESS OF WHERE, WHEN OR HOW THE MATERIALS PURCHASED FROM US MAY BE USED. IN THE EVENT COLLECTION IS MADE THROUGH AN ATTORNEY, REASONABLE ATTORNEY'S FEES AND ALL OTHER COSTS OR COLLECTIONS SHALL BE PAID BY DEBTOR. ALL ACCOUNTS ARE SUBJECT TO THE CREDIT LIMITS SET BY OUR CREDIT DEPARTMENT. **TERMS OF SALE ARE NET 30 DAYS FROM DATE OF INVOICE**, UNLESS OTHERWISE SPECIFIED. ALL ALLOWABLE SERVICE CHARGES WILL BE ADDED TO ANY UNPAID BALANCE.

DATE: _____ SIGNED BY: _____
(REQUIRED)

For **Corporation**, must be signed by Officer and show Title: _____

For **Partner or LLC**, must be signed by Partner or Member, signature indicates Partners or Members agree & can be held liable for debts of Partnership: _____

For **Proprietorship**, spouse must also sign and agree to be held liable for debts of Spouse making application: _____

Name of person to contact if there are questions concerning this application: _____

How was application acquired? ___ from salesperson ___ web site ___ via fax per phone request

The above is true, correct and complete to the best of my knowledge.

Date: _____ Signed: _____

