

PLEASE FILL OUT AND RETURN COMPLETED

DATE _____ CREDIT APPLICATION

Firm Name _____

Mailing Address _____ City _____ State _____ Zip _____

Shipping Address _____ City _____ State _____ Zip _____

Telephone # _____ Fax # _____ A/P Fax # _____

**Note SLI faxes invoices unless otherwise instructed.

e-mail: _____

OWNERSHIP: Sole Proprietor _____ Partnership _____ Corporation _____ (Date & State Incorporated _____)

FID #: _____

Principal(s): Name _____ Phone _____

Address _____ City _____

SS # _____ Title _____

Line of Business _____

CREDIT REFERENCE - BANK

Bank Name _____ Account # _____

Address _____ City _____ State _____ Zip _____

CREDIT REFERENCE - TRADE

1. Name _____ Address _____

Fax # _____

City _____ State _____ Zip _____ Tel # _____

2. Name _____ Address _____

Fax # _____

City _____ State _____ Zip _____ Tel # _____

3. Name _____ Address _____

Fax # _____

City _____ State _____ Zip _____ Tel # _____

If credit is granted (I) (We) promise to pay bills when rendered as per your terms of 1% 10 days net 30 including any finance/service charges at 1 ½% per month with a minimum of \$.50 per month. In the event payment is not made and (my) (our) account is referred to a collection agency, (I) (We) will pay all costs of collection. In order for your application to be processed it is necessary that all of the information requested on the form be provided and that it be signed to show your agreement to our credit terms and to authorize us to investigate your references.

It is agreed that orders placed for immediate shipment, before credit has been approved, will be delivered and accepted on a C.O.D basis.

Signature _____ Title _____

I, _____, hereby authorize the above mentioned companies and banks to release information regarding my

credit. Signed this _____ day of _____,