

Sev-Rend
 5301 Horseshoe Lake Rd.
 Collinsville, IL 62234
 Ph: 618-301-4130
 Fax: 618-301 4131

CREDIT APPLICATION
****Please attach resale/sales tax exemption****

Please check box if references are attached (Signature required).

Name of Business (Billing Address)

COMPANY NAME		PHONE #	FAX #
STREET			
CITY	STATE	ZIP CODE	
D&B #:	TAX ID		

Ship to Location

STREET		
CITY	STATE	ZIP

Form of Business

(Please check applicable box)

PROPRIETORSHIP	<input type="checkbox"/>	PARTNERSHIP	<input type="checkbox"/>
CORPORATION	<input type="checkbox"/>	OTHER:	<input type="checkbox"/>
DATE BEGAN DOING BUSINESS	<input type="checkbox"/>	ANNUAL SALES VOLUME:	<input type="checkbox"/>

Order Contact Name

	TITLE	PHONE	EMAIL
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Accounts Payable Contact

NAME	TITLE	PHONE	EMAIL
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Bank reference

BANK NAME:	ADDRESS:		
BANK CONTACT:	FAX:	PHONE:	
BANK ACCOUNT NO.:			

Trade References: (Minimum of 3 are requested)

<u>VENDOR NAME</u>	<u>ADDRESS</u>	<u>PHONE NUMBER</u>	<u>FAX NUMBER</u>

I hereby represent that I am authorized to submit this application on behalf of the customer named above, and that the information provided is for the purpose of obtaining credit and is warranted to be true. I/We hereby authorize Sev-Rend Corporation to investigate the references listed pertaining to my credit and financial responsibility. It is agreed and understood that all necessary collection and legal expenses and interest (at 18% per year or state maximum) may be charged to debtor in the event of default or failure to pay goods sold and delivered. I/We further represent that the customer applying for credit has the financial ability and willingness to pay all invoices with established terms. I understand that your invoices are payable 30 days following the date of the invoice.

Customer Signature

Title

Date Signed