



# Credit Application

Please fill out this application completely. If not completed, it will be returned.  
PLEASE TYPE OR PRINT

Business Name:	_____	Account Number:	_____
Address:	_____	Telephone Number:	_____
	_____	Fax Number:	_____
	_____	Federal Tax Number:	_____
	_____	Date Business Started:	_____

Email Address: \_\_\_\_\_

Purchasing Contact: \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_

### Name of Owners, Partners, or President

Name	Title
_____	_____
_____	_____
_____	_____

### List Three Credit/ Trade References

Name	Acct #	Telephone #	Fax #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### Bank Information

Bank:	_____	Branch:	_____
Address:	_____	Telephone:	_____
	_____		
	_____		

We certify that the information contained herein is correct and that we understand your credit terms and agree to the proper payment in consideration for extended credit. Furthermore, should it become necessary to collect unpaid balance by legal process or through an attorney, the undersigned agrees to pay all attorney's fees and court costs incurred by SBI in the collection of said bills.

**Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_

SBI's credit terms for open accounts are Net 30 Days. Accounts past due may be placed on "stop shipment/ credit hold" status until all outstanding balances are paid, at which time the account may be placed on COD status until good credit can be reestablished.

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