

COMPANY INFORMATION

Company Name: _____

Date of Request: _____

Mailing Address: _____

Shipping Address (if different from mailing): _____

City: _____

City: _____

State: _____ ZIP: _____ Country: _____

State: _____ ZIP: _____ Country: _____

Phone Number: _____

FAX Number: _____

E-mail: _____

Accounts Payable Contact: _____

Business Operates as:

Corporation

Partnership

LLC

Proprietorship

Federal Tax ID Number _____

Date Business Established _____

Parent Company _____

Number of Employees _____

Annual Sales Volume: \$ _____

Credit Limit Requested: \$ _____

Anticipated Monthly Purchases: \$ _____

TAX EXEMPTION: No Yes *If you are tax exempt, please attach a copy of your Exemption Certificate*

BANK REFERENCE

Bank Name: _____

Phone: _____

Contact: _____

Your D&B D-U-N-S® Number: _____

TRADE REFERENCES (List only those which you currently purchase on Open Account —*Required)

1. *Name: _____
Address: _____

*Phone: _____
City: _____

*Fax: _____
State: _____ Zip: _____

2. *Name: _____
Address: _____

*Phone: _____
City: _____

*Fax: _____
State: _____ Zip: _____

3. *Name: _____
Address: _____

*Phone: _____
City: _____

*Fax: _____
State: _____ Zip: _____

Applicant(s) signature attests to the financial responsibility, ability, and willingness to pay invoices in accordance with Service Spring's (SSC) Net 30 day payment terms from date of invoice. The above information is for the purpose of obtaining credit and is warranted to be true. All past due invoices are subject to a finance charge of 1 1/2% per month. I/we shall be responsible for all collection costs and legal fees in connection with any delinquent amount referred to a third party. Should credit availability be granted by SSC, all decisions with respect to the extension or continuation shall be in the sole discretion of SSC. Credit availability may be terminated by SSC within its sole discretion. By signing below applicant authorizes trade and bank references listed in this application to release information necessary to establish a line of credit.

Printed Name _____

Signature _____

Title _____

Date _____

PERSONAL GUARANTEE (Required of Sole Proprietors, LLC's, and Partnerships)

In consideration of Service Spring, extending credit to the above named entity and any of its subsidiaries or related parties, the undersigned do(es) hereby individually, and jointly and severally, PERSONALLY GUARANTEE PAYMENT to Service Spring, and any or all of its successors of all amounts which may become due pursuant to sales of goods. This includes any and all charges, including freight, and services fees incurred in the process of extending credit and all reasonable attorney fees, plus court costs and all other costs of collection and litigation. This guarantee is open, continuing, absolute, and unconditional and shall continue in full force and may be revoked only by Service Spring. In the event that Service Spring, has to file suit against the above named entity or the undersigned, the undersigned agrees to all conditions contained in the above.

Guarantor: _____
Signature

Witness—Signature

Printed Name

Witness—Printed Name

Title

Date

SS# (Required)

Date of Birth

Date



DOWNLOAD
FORM

ACCOUNT APPLICATION

Fax completed forms to **330.476.2757** or email
credit@sscorp.com