



CREDIT APPLICATION

APPLICATION MUST BE COMPLETED IN FULL IN ORDER TO BE PROCESSED

A. Business Information

Business Name: _____ Tel: _____ Fax: _____
 Bill to Address: _____ State: _____ Zip: _____
 Ship to Address: _____ State: _____ Zip: _____
 Type of Business (check one): One Step Distributor Two Step Distributor Co-Op Other _____
 Corporate Blanket Credit Approval: Y or N If Yes, Name of Parent: _____
 Date Business Commenced: _____ Website: _____ No. Employees: _____
 Ownership: Partnership Corporation Individual Co-Op State: _____ Annual Sales: _____
 Authorized Buyer Name(s): _____
 Email Address Buyers: _____
 A/P Contact Name: _____ A/P Contact Phone: _____ A/P Contact Email: _____
 Controller Name: _____

B. Principal or Corporation Officers

Name: _____ Title: _____ Tel: _____
 Name: _____ Title: _____ Tel: _____
 Name: _____ Title: _____ Tel: _____

C. Finance

Bank: _____ Bank Officer: _____
 Bank Address: _____ State: _____ Zip: _____
 Bank Telephone: _____ Account #: _____ Credit Limit Request: _____

D. Trade References (must match/exceed credit limit requested)

Name: _____ Address: _____ Tel: _____
 Name: _____ Address: _____ Tel: _____
 Name: _____ Address: _____ Tel: _____

E. Terms and Conditions

SDP terms of sale are 1% 10, Net 30. A finance charge of 2%/month (24% per year) will be applied on overdue accounts. Finance charges will be applied to previous balance after deducting any payments and/or credits. All invoices referred to collection will be subject to cost of collection and attorney's fees. Buyer agrees not to back charge SDP, or take credit against any amount owed to SDP, for any reason without first obtaining the written authorization of SDP. Returns will not be accepted without prior authorization from SDP, and are subject to a 15% restocking charge and freight paid to our warehouse. All claims must be made in writing within 10 days of receipt of goods. Buyer is responsible to have an agent accept and sign invoices or related bills of lading for all ordered and delivered goods. Applicant hereby authorizes SDP to obtain such credit reports or information as deemed necessary in connection with establishment and maintenance of credit account.

Date: _____ Person Completing Application: _____ Title: _____
 Signed by Officer of Company: _____ Print Name of Officer: _____

Unless a Sales Tax Exemption Certificate is provided, we will assume you are taxable.

OFFICE USE ONLY

Rep Firm Name: _____ Individual Rep Name: _____
 Company Short Name: _____ Credit Limit Approved: _____ Date: _____