



Business **ADVANTAGE**

Sales Rep (Internal Use): _____

Customer Credit Application and Contact Information

Business Name: _____ Date: _____

Billing Address: _____ Shipping Address (if different than billing)
Attach additional sheet with multiple ship to addresses as needed:

Phone: _____ Fax: _____

President/Owner: _____ Phone No.: _____ E-mail: _____

Purchasing Contact: _____ Phone No.: _____ E-mail: _____

Accounts Payable/Controller: _____ E-mail: _____
Phone No.: _____ Fax No.: _____

Do you require order confirmations? Yes, by e-mail Yes, by fax No

Person Receiving: _____

How would you like to receive invoices? E-mail Fax

Person Receiving: _____

Does your company require monthly statements? Yes, by e-mail Yes, by fax No

Person Receiving: _____

Business Structure

Check One: Corporation Partnership Public Agency Sole Proprietorship Limited Liability Company

Federal ID No.: _____ Number of Employees: _____

Duns No.: _____ Years in Business: _____

Anticipated Monthly Credit Needed: \$ _____ Payment Terms Desired: _____

Tax Status: Taxable Exempt (If tax-exempt, include a tax-exempt certificate)

ACCOUNTS OVER 30 DAYS ARE SUBJECT TO 1.5% PER MONTH CHARGE (18% ANNUAL)

For Internal use only

- | | | |
|---|---|--|
| <input type="checkbox"/> Contract Cleaners | <input type="checkbox"/> Health Care - Nursing Homes | <input type="checkbox"/> Other |
| <input type="checkbox"/> Distribution Centers - Food/Beverage | <input type="checkbox"/> Hospitality - Car Rentals | <input type="checkbox"/> Professional Offices |
| <input type="checkbox"/> Distribution Centers - Furniture | <input type="checkbox"/> Hospitality - Hotels | <input type="checkbox"/> Restaurants |
| <input type="checkbox"/> Distribution Centers - Other | <input type="checkbox"/> Industrial - Lumber | <input type="checkbox"/> Retail Stores |
| <input type="checkbox"/> Fitness Clubs & Gyms | <input type="checkbox"/> Industrial - Plastic | <input type="checkbox"/> Schools K-12 |
| <input type="checkbox"/> Government | <input type="checkbox"/> Industrial - Print/Paper | <input type="checkbox"/> Universities & Colleges |
| <input type="checkbox"/> Health Care - Hospitals & Other | <input type="checkbox"/> Industrial - Steel/Metal Working | |

JANITORIAL | PACKAGING | SAFETY | BREAKROOM

1026 Doris RD. Auburn Hills, MI 48326 | Phone: 248.299.9400 | Fax: 248.299.9410



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Credit References

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact: _____ Phone No.: _____ Fax: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact: _____ Phone No.: _____ Fax: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact: _____ Phone No.: _____ Fax: _____

Bank References

Bank Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax: _____

Checking Account Number: _____

This information authorizes **SupplyDen** to obtain credit information.

I/We agree to make all payments within our designated terms with SupplyDen. If it becomes necessary to file a lien, suit or engage a collection agency or attorney, I/We agree to bear all expenses incurred (whether or not a suit is filed), including but not limited to attorney fees, court costs and interest, plus default interest at 1.5% per month. I/We agree and acknowledge that the Superior Court of Michigan, in and for the County of Oakland, is the proper venue and jurisdiction for the litigation of, or performance of, and matters relating to this credit application or the account.

Signature of Account Holder (must be a signer on account): _____

Title: _____ Date: _____

Please send completed form to: E-mail: credit@supplyden.com OR Fax to: 248.299.9410