



APPLICATION FOR CREDIT

Date ____/____/____

Sales Rep: _____

Legal Name _____ DBA Name: _____

Billing Address _____

City _____ State _____ Zip _____

Shipping Address (if different) _____

City _____ State _____ Zip _____

Phone () _____ Fax () _____

A/P Contact Person _____ A/P Fax # _____

Email: _____

Controller/Primary Contact Person _____

Federal Tax ID # _____ State Sales Tax Exemption # _____
(please attach copy)

() Sole Proprietorship () Corporation () Partnership () LLC Date Established : _____

Dun & Bradstreet #: _____

Credit Limit Requested: _____

Trade References:

*** Please include Fax # and Phone # for all trade references**

1. Name _____ Phone () _____
Account No. _____
Address/City/State/Zip _____ Fax () _____ *

2. Name _____ Phone () _____
Account No. _____
Address/City/State/Zip _____ Fax () _____ *

3. Name _____ Phone () _____
Account No. _____
Address/City/State/Zip _____ Fax () _____ *

Bank Reference:

Name _____ Account Number _____

Address _____ Contact _____

City/State/Zip _____ Phone () _____

Nature of Business (ex. residential pre-hung doors) _____

We, the applicants, certify that the foregoing information is true and correct and hereby give our bank and vendors permission to release credit information to SGS Hardware. By signing this document we the applicants fully understand and agree to comply with the following credit terms:

Invoices are due and payable in U.S. dollars 30 days from the invoice date. SGS Hardware reserves the right to require different payment terms, or to discontinue shipments to you, if we are dissatisfied with your payment history or your ability to pay invoices in the future. Any overdue payments shall accrue interest at 1.5% per month or the maximum allowed by law, whichever is less. You are further responsible for any costs SGS Hardware may incur, including attorney's fees, in collecting overdue payments from you. These rights are in addition to all other rights and remedies available to us by law. Applicant consents to the jurisdiction of the courts of Pierce County, State of Washington and/or the US District Court of Washington for the resolution of any and all disputes that may arise in connection with applicants credit account with SGS Hardware.

By _____
(Signature of Company Officer/Owner)

(Print Name)

Date _____

Please return this original signed document to us ASAP. To expedite the credit review process you may fax this document to our offices. However before we can begin to accept orders from you using credit terms we must have the original signed copy of this document in our files. Fax to 253-248-1075