



Please print or type all information. The following information is submitted for your consideration as a basis of extension of credit.

Legal Name Of Organization: _____ **Date:** _____
Street Address: _____ **Phone:** _____
City/State/Zip: _____ **Fax:** _____
Mailing Address: _____ **Website:** _____
City/State/Zip: _____ **E-Mail:** _____
Sales Tax Exempt No. (please attach certificate): _____ **County:** _____
Fed I.D. No.: _____

In business for _____ years. State incorporated in _____ Monthly Credit Guide Desired: \$ _____

Legal Entity of Organization Is: Corporation Co-Partnership Proprietorship LLP LLC

Officers of the company:

Name	Title	Address	City/State/Zip	Phone

Please attach a list of at least four trade references or fill in below.

Company Name	Phone	Fax	Street	City/State/Zip

Bank Name: _____ **Phone:** _____
Branch: _____ **Fax:** _____
Street: _____ **Bank Contact:** _____
City/State/Zip: _____ **Account Numbers:** _____

Have you ever been on a C.O.D. basis? _____ If so, please explain: _____

TERMS: Net 30 days from invoice (exceptions may apply). Past due accounts are subject to a monthly service charge of 1 1/2% on the unpaid balance, or, if less, the maximum rate permitted by applicable law. By signing this application the undersigned personally (corporation) agrees to unconditionally guarantee, warrant, and promise to pay all bills incurred by the organization listed above promptly, in accordance with the terms of this application. Further, the undersigned agrees that in the event it becomes necessary for Sumiden to incur collection costs or institute legal action to enforce rights arising either out of this application or a purchase order, the undersigned promises to pay such additional collection costs, interest, and any reasonable attorney's fees. The undersigned also warrant(s) that the above information is true and correct and authorizes Sumiden to conduct a credit investigation on behalf of the organization to include all banking and trade references.

_____ Date _____ Signed By (**Owner/Officer of Company**) _____ Please Print Name _____ Title
 _____ Date _____ Witnessed By _____ Please Print Name _____ Title



Master Data Request Form:

Please help us create master data files appropriately by filling out this page.

BILL TO			
Company Name:			
Purchasing Contact:		E-mail:	
Phone:		Fax:	
A/P Contact:		E-mail:	
Phone:		Fax:	
E-mail Invoice? (copy will not be mailed)	<input type="checkbox"/>	E-mail:	
Address:			
County:			
City/State/Zip:			
Main Phone:		Fax:	
<input type="checkbox"/> Please check if shipping address is same as above. If different, please fill in below:			
SHIP TO (*required fields)			
Company Name:			
Contact:*			
Address:			
County:			
City/State/Zip:			
Phone:*		Fax:	
Receiving Hours:*			
Delivery Instructions:*			



If more than one bill-to or ship-to address, please copy this form and fill out information for **each location**.