



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

Legal Company Name: _____ Date: _____
 Parent Company (if applicable): _____ Phone: _____
 Street Address: _____ Fax: _____
 City/State/Zip: _____ Website: _____
 Mailing Address: _____ E-Mail: _____
 City/State/Zip: _____ County: _____
 Sales Tax Exempt # (attach certificate): _____ Fed I.D. #: _____ DUNS #: _____

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

Legal Entity of Organization Is: Corporation 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	City/State/Zip	E-mail	Phone

Bank Name: _____ Bank Phone: _____
 Branch: _____ Bank Fax: _____
 Address: _____ 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 Form

Completed by: _____ Date: _____

BILL TO			
Company Name:			
Address:			
City/State/Zip:			
County:		Fed ID#:	
Main Phone:		Main Fax:	
Purchasing Contact:		Purchasing E-mail:	
Purchasing Phone:		Purchasing Fax:	
A/P Contact:		A/P E-mail:	
A/P Phone:		A/P Fax:	
Invoice E-mail: (copy will not be mailed)			
<input type="checkbox"/> Please check if shipping address is same as above. If different, please fill in below:			
SHIP TO			
Company Name:			
Address:			
City/State/Zip:			
County:			
Delivery Contact:			
Delivery Phone:		Delivery E-mail:	
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**.
- If claiming Sales Tax exemption, please provide certificate.