



A division of Sobotec Ltd.

CREDIT APPLICATION

Please Print or Type

Full Company Name: _____

Full Mailing Address: _____

Phone Number: _____ Fax Number: _____

Owner's Name: _____ Cell Number: _____

Address: _____

Business Established (Date): _____

Business Bank: _____ Bank Contact: _____

Account No.: _____ Transit No.: _____

Bank Phone No.: _____ Bank Fax No.: _____

Federal Tax ID #: _____

TRADE REFERENCES (Please complete in Full)

Company #1: _____ Phone: _____

Address : _____ Fax: _____

Company #2: _____ Phone: _____

Address : _____ Fax: _____

Company #3.: _____ Phone: _____

Address : _____ Fax: _____

THE UNDERSIGNED COMPANY, THROUGH ITS AUTHORIZED OFFICER:

1. Authorize to receive and exchange any personal credit information on the above named company, its owners and officers, including information from their bankers with any personal information agent towards establishing or verifying my financial standing. This authorization is valid at all times.
2. Agrees to be bound by the terms and conditions of all agreements applicable to the account.
3. Agrees that all accounts are NET 30 DAYS and accounts in arrears of our terms may delay current orders and will bear interest 1-1/2% per month until paid.

Signature of Authorized Officer

Date

Print Name and Title of Person Signing