

# CREDIT APPLICATION

Legal Name Of Applicant: \_\_\_\_\_ Email: \_\_\_\_\_ Date: \_\_\_\_\_

Trade Name (If different from Legal Name): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please Select One:  Sole Prop.  Partnership  Incorporated  LLC  Sub "S"  Non Profit

If Incorporated: Year: \_\_\_\_\_ State: \_\_\_\_\_

Nature of Business: \_\_\_\_\_ Year Established: \_\_\_\_\_ Approx. Net Worth: \_\_\_\_\_

Federal ID Number: \_\_\_\_\_ Number of Employees: \_\_\_\_\_ Annual Sales: \_\_\_\_\_

Principle Information: (If more space is needed; please use an additional sheet to list 100%)

1. Individual's Name: \_\_\_\_\_ %Ownership: \_\_\_\_\_ Social Security #:

Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

2. Individual's Name: \_\_\_\_\_ %Ownership: \_\_\_\_\_ Social Security #:

Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

1. Sales Tax Exemption Certificate:  We Are Taxable  We will provide Tax Exemption Certificate

Please forward a copy of your certificate with application (this must be completed to qualify for tax exempt billing status)

## 2. Bank Reference

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

## 3. Finance Company Reference

Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## 4. Trade Reference

Name: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Name: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

I certify the above information to be true.

I hereby authorize Satellite Industries to obtain all credit information from any bank or creditor / trade account to confirm information provided.

I agree to the stated terms and conditions.

Signature & Title (Required to process application): \_\_\_\_\_

**IMPORTANT NOTES AND TERMS OF ACCOUNT:** This application must be completed in full to establish credit terms. In absence of any special terms offered, it is understood that payment will be due 30 days from the date of invoice for accounts in good standing. A 1.5% monthly (18% APR) service charge may be added to all delinquent accounts. Payments will be applied first to service charge(s) then to the principal. If placement for legal collections is necessary, customer will be responsible for all collection expenses as well as reasonable attorney fees and court costs incurred by Satellite Industries.