



# Special Service Partners Corp.

## Credit Application - Page 1 of 2

Company Name:	
Any DBAs:	
Address:	City, State, Zip:
Phone #:	Parent Co. Name:
If Corporation, list Owner and VP:	Parent Co's DUN's #:

Billing Address:	
Shipping Address:	
Purchasing Contact (Name/Phone#):	
Payable Contact (Name/Phone#):	Fax #:

Non-Profit   
 Corporation   
 Proprietorship   
 Partnership   
 Nature of your business \_\_\_\_\_

How long at present location \_\_\_\_\_ Number of employees here \_\_\_\_\_ Number of employees company-wide \_\_\_\_\_

Number of locations \_\_\_\_\_ State of Incorporation \_\_\_\_\_ Date of Incorporation \_\_\_\_\_

Requested credit line \_\_\_\_\_ Anticipated monthly purchases \$ \_\_\_\_\_ DUN's number \_\_\_\_\_

Charge sales tax on invoices?   
 Yes   
 No   
 If "no," indicate reason:   
 Reseller   
 Exempt   
 Exempt#: \_\_\_\_\_

(Must attach tax exemption/resale certificate, or direct pay permit to this application)

### Authorized Purchasers (Names and Titles)

1. _____	2. _____
3. _____	4. _____
5. _____	6. _____
P.O. Number Required? <input type="checkbox"/> Yes <input type="checkbox"/> No        Additional restrictions: _____	

FOR CREDIT DEPARTMENT USE ONLY	
<input type="checkbox"/> Approved    Credit Limit \$ _____	<input type="checkbox"/> Declined    Initials _____
Entered by _____	Date _____    Customer Type _____
Acct# _____	Notes _____

SUBMITTED BY	
Sales person's name _____	
Sales person's number _____	
Store # _____	



# Special Service Partners Corp.

## Credit Application - Page 2 of 2

### Trade Reference

Name:	Account #
Address:	Phone:
City, State, Zip:	Fax #:

### Trade Reference

Name:	Account #
Address:	Phone:
City, State, Zip:	Fax #:

### Trade Reference

Name:	Account #
Address:	Phone:
City, State, Zip:	Fax #:

### Bank Reference

Name:	Account #
Address:	Phone:
City, State, Zip:	Contact:

For the consideration of the extension of credit to the named firm, the undersigned promises to pay to the order of Special Service Partners Corp. at their office in Toledo, Ohio, all charges to the account of the above firm on or before 30 days from date of invoice. In the event said account becomes past due, the undersigned agrees that interest shall be added at the highest lawful rate per annum then allowable under state law from date until paid; and that in the event payment is not made on or before the due date, and the account is placed in the hands of an attorney for collection or suit or the same is collected through Probate or Bankruptcy proceedings, then an additional reasonable amount shall be added the same as attorney's fees.

Please accept this as authorization for the above listed credit references to release information on our account to Special Service Partners Corp.

**ALL INFORMATION MUST BE COMPLETED IN FULL AND SIGNED BY AN OFFICER OF THE COMPANY BEFORE THE EXTENSION OF CREDIT WILL BE CONSIDERED.**

By: \_\_\_\_\_ Title: \_\_\_\_\_  
Signature

By: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name