

CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION

Title:

Company name:

Phone:

Fax:

E-mail:

Registered company address:

City:

State:

ZIP Code:

Date business commenced:

Sole proprietorship:

Partnership:

Corporation:

Other:

BUSINESS AND CREDIT INFORMATION

Primary business address:

City:

State:

ZIP Code:

Telephone:

Fax:

E-mail:

Bank name:

Bank address:

Phone:

City:

State:

ZIP Code:

Type of account:

Account number:

Savings:

Checking:

Other:

D & B Account number:

BUSINESS/TRADE REFERENCES

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

AGREEMENT

All invoices are to be paid 30 days from the date of the invoice.

Claims arising from invoices must be made within seven working days.

By submitting this application, you authorize SCP Ltd. Inc. to make inquiries into the banking and business/trade references that you have supplied.

Signatures

Title:

Title:

Date:

Date:

A Signed Copy of this credit application Must be faxed to 260-925-6321 or mailed to SCP LIMITED • 1700 S. Indiana Ave. • P.O. Box 560 • Aubutn, IN 46706

I have read and understood that this document must be signed and faxed or mailed.