

## **CREDIT APPLICATION**

Seal & Cylinder Source, Inc. 44250 Groesbeck Hwy. Clinton, Twp, MI 48036 TOLL FREE: 1-877-905-SEAL(7325) Phone: 1-586-791-9001 Fax: 1-586-791-9033

Please Indicate	Type of
Request:	
□ Catalog	□ Net 30
□ COD	(24 hour
Credit Card	wait)

Company Name:			
Billing Address:	City:	State:	Zip:
Shipping Address:	City:	State:	Zip:
Branch Office:	DBA:		
Phone:	Fax:		
Business Stucture (Sole Ownership, Partnership,Co	orporation):		
Type of Business:	Year Business Established:	At Current A	ddress Since:
Federal ID#:	President/Owner SSN:		
Owner/President:			
Primary Contact Person:	Title:		
Controller:	Annual Purchases:		
Website:	E-Mail:		
NK REFERENCES  Bank Name and Address:			
Account #:	Contact Name & Phone:		
l:			
2: 3:			
3:	mpany regulations:		
B:  EDIT AGREEMENT  understand the following and will abide by your cor  1. Notify Seal & Cylinder Source, Inc. 2. If granted credit, our company agrees to 3. It is agreed that our company will pay 1.4 4. It is agreed that our account will become 5. Our company financial condition is satisf	mpany regulations: of any changes in ownership of our company. pay all invoices within 30 days of invoice date. 5% per month which is 18% yearly for all past due balances. e COD if we fail to pay invoices within the above stated terms. factory and we can meet all financial obligations. ainst me at this present time. If our company defaults on payment o	Credit Amoun	•
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