1604 S. Edward Dr. Tempe, AZ 85281 (480)894-9528



1(800)526-9990 FAX: (480)894-6037 www.SilverStreaks.com

CREDIT APPLICATION

Date

BUSINESS NAME AND ADDRESS		BILL TO	BILL TO ADDRESS (if different)	
Phone () Fax ()		Phone () Fax ()		
TYPE OF BUSINESS		NAMES OF OWNERS OR OFFICERS President/Owner		
□ CORPORATION IN STATE OF		resident owner		
		Vice President/Co-Owner		
□ PARTNERSHIP		Buyer/Contact		
TAIDTVIDUAL OWNEDCHID		Assessed Brookle Control	Accounts Payable Contact	
□ INDIVIDUAL OWNERSHIP		Accounts rayable contact		
□ SUBSIDIARY		Payment Personally Guarar	Payment Personally Guaranteed? Yes No	
		Ву:	TITLE:	
Resale Tax or Permit Number	Nature of Business		Date Established	
No. of Yrs in Business	No. of Vrs. at	Total No. of Employees	Credit Line Requested	
Under This Name	No. of Yrs at This Location	Total No. of Employees	\$	
Dank Nama	BANK	INFORMATION		
Bank Name				
Address			Zip	
Contact		Phone /		
Savings Account No.		Checking Account No.		
	CRED	IT REFERENCES		
Name	Acct #		Phone & Fax ()	
Address		Zip	Contact	
Name	Acct #	I	Phone & Fax ()	
Address		Zip	Contact	
Name	Acct #		Phone & Fax ()	
Address		Zip	Contact	
Name Acct #			Phone & Fax ()	
Address		Zip	Contact	
	CONDITIONS OF C	ALE AND TERMS OF D	AVACAIT	

CONDITIONS OF SALE AND TERMS OF PAYMENT

In consideration for any extension of credit, purchaser agrees to the terms and to the conditions of sale set forth on each invoice. Purchaser also agrees to pay a service charge of one and one half (1-1/2) percent per month computed on the unpaid delinquent balance until the account is paid in full. The purchaser also agrees to pay reasonable attorney fees and other costs incurred for collection. I hereby certify that the above information is true and correct to the best of my knowledge.