



CREDIT APPLICATION (3 pages)

PLEASE COMPLETE THIS FORM IN DETAIL

Company Name: _____

Phone #: _____ **Fax #:** _____

Physical/Shipping Address: _____

City: _____ **State:** _____ **Zip:** _____

E-mail: _____ **Website Address:** _____

Bill To Address (if different from above): _____

City: _____ **State:** _____ **Zip:** _____

Accounts Payable Email: _____

Email Invoices? _____

Type of Business: _____ **How Long?** _____ **P.O. Required?** _____

Taxable: _____ **State:** _____ **City:** _____ **Tax No.:** _____

(If tax exempt, please attach a copy of your tax exemption/resale certificate)

Expected Monthly Purchase Amount*: \$ _____ (Minimum Average Purchases of \$1,000 per month required)

*Please Note: Credit Accounts with \$10,000 or less in Annual Purchases may be subject to closure.

Type of Material to be Purchased: _____

How was the Credit Application Acquired? _____ Website _____ Per Phone Request
_____ From Salesperson If Yes, Name of Salesperson? _____

Type of Organization: Corporation Partnership or LLC Proprietorship

- If Business is a **CORPORATION**, Please Complete the Following:

Home Office Address: _____

Is this a Branch or Subsidiary of Another Company? ___ If YES, complete the following:

Name of Parent Company: _____

Address (street, city, & state): _____

Are payments made locally or from another office? _____ If

from another office, give location: _____

- If Business is a **PARTNERSHIP OR LLC**, Please complete the following:

Full Name of Partner or Member: _____ Home Address: _____

City/State: _____ Home Phone: _____

Full Name of Partner or Member: _____ Home Address: _____

City/State: _____ Home Phone: _____

- If Business is a **PROPRIETORSHIP**, Please complete the following:

Full name of Owner: _____ Social Sec. #: _____
Home Address: _____ Spouse's First Name: _____

City/State: _____ Spouse's S.S. #: _____
Home Phone #: _____

If business is less than two (2) years old, give previous business occupation:

Have you ever declared Bankruptcy? : YES NO If yes, when? _____

Bank: _____ Loan Officer: _____

Account #: _____ Phone #: _____

Address: _____

How many years have you done business with this bank? _____

TRADE REFERENCES for charge accounts under **COMPANY NAME MAKING APPLICATION: A REFERENCE SHEET MAY BE ATTACHED** (Verifiable commercial trade references **ONLY**; D&B, banks, and credit cards are not acceptable-Please Note: Lowes & Home Depot DO NOT give references)

IF YOU DO NOT PROVIDE EMAIL ADDRESSES FOR YOUR REFERENCES, YOU APPLICATION WILL NOT BE PROCESSED

<u>COMPANY NAME</u> (and contact name where applicable)	<u>Account#</u>	<u>PHONE</u> (Include area code)	<u>Email</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

SSI reserves the right to require full payment in cash prior to delivering goods to Applicant. Further, when Applicant is past due or otherwise delinquent in any payment or when, in the sole and absolute determination of SSI, the financial condition of Applicant may impair Applicant's ability to pay all sums due SSI in a timely manner, then SSI may, at any time and without notice, refuse shipment, cancel orders, delay, recall or divert shipments or alter, suspend or cancel credit terms.

SSI SHALL NOT BE LIABLE FOR ANY SPECIAL, INDIRECT, INCIDENTAL OR CONSEQUENTIAL DAMAGES OF ANY KIND WHATSOEVER INCLUDING, WITHOUT LIMITATION, LOST PROFITS OR OTHER COMMERCIAL OR ECONOMIC LOSS, IN ANY WAY DUE TO, RESULTING FROM OR RELATED TO ANY SALE OF GOODS, AGREEMENT TO SELL GOODS OR OTHER TRANSACTIONS BETWEEN SSI AND APPLICANT REGARDLESS OF ANY POSSIBLE NEGLIGENCE OF SSI OR WHETHER SSI OR ANY OF ITS REPRESENTATIVES OR AGENTS HAVE BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGES.

SSI MAKES NO EXPRESS OR IMPLIED WARRANTIES WHATSOEVER REGARDING GOODS SOLD BY SSI AND EXPRESSLY DISCLAIMS THE IMPLIED WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE AND ALL OTHER WARRANTIES, EXPRESS OR IMPLIED, OF ANY TYPE WHATSOEVER.

In the event of any breach of warranty or non-conforming goods, Applicant's remedies are limited exclusively to the return and replacement or repair of the non-conforming goods as

determined in SSI's sole discretion. Applicant agrees that SSI's liability for any sales of goods or other transactions between SSI and Applicant shall be limited to direct actual damages of

Applicant and shall not exceed, under any circumstance, the purchase price paid by Applicant for the goods.

IN THE EVENT COLLECTION IS MADE THROUGH AN ATTORNEY, REASONABLE ATTORNEY'S FEES AND ALL OTHER COSTS OR OF COLLECTIONS SHALL BE PAID BY THE APPLICANT. IN ANY PROCEEDING TO ENFORCE OR DETERMINE SSI'S RIGHTS AGAINST APPLICANT INCLUDING, WITHOUT LIMITATION, ANY PRECEEDING TO COLLECT ANY AMOUNTS DUE SSI, APPLICANT HEREBY EXPRESSLY CONSENTS TO THE EXCLUSIVE JURISDICTION OF THE STATE AND FEDERAL COURTS OF TEXAS AND VENUE SHALLL BE PROPER IN DALLAS COUNTY, TEXAS. ALL AMOUNTS DUE SSI ARE PAYABLE IN DALLAS COUNTY, TEXAS.

The terms of sale are NET 30 days from date of invoice, unless otherwise specified. Applicant agrees to pay service charges on amounts not paid by the due date at the rate of 1 ½% per month (18% per annum) or, if lower, the maximum rate allowed by law. Accrual of these service charges shall not affect SSI's right to seek payment in full of the account balance.

DATE: _____ SIGNED BY: _____
(REQUIRED)

For **Corporation**, must be signed by Officer and show Title: _____

For **Partner or LLC**, must be signed by Partner or Member, signature indicates Partners or Members agree & can be held liable for debts of Partnership: _____

For **Proprietorship**, spouse must also sign and agree to be held liable for debts of Spouse making application: _____

Name of person to contact if there are questions concerning this application: _____

The above is true, correct and complete to the best of my knowledge.

Date: _____ Signed: _____



Facsimile Transmittal*****

To: _____ Date: _____
Company: _____
From: _____ Pages: 4

Re: Credit Application

Attached to this letter is a credit application for establishing an account with us. Please complete this application in its entirety; if you submit the application with missing or incomplete information, delays in processing the information could occur. A reference sheet may be attached in lieu of writing out the trade reference information; however, applications **MUST BE SIGNED** by the appropriate company representative (CORPORATE OFFICER, PARTNER, OR SOLE PROPRIETOR). Also, please note that the time-frame for setting up an open account is dependent on the response time of your references.

We could also be communicating with you about your account via Email. Please provide us your Accounts Payable contact Email on Page 1 of the application. We will not Process your application without this Email address.

Our terms are Net 30. All new accounts are subject to being placed on hold if not paid within terms, or if the credit limit is exceeded. Thank you for your interest in SSI and we hope to be doing business with you soon.

Robert L. Poplin,
CFO
Phone# 918-587-5567
Fax# 866-585-3660