



Credit Application

First Name:

Last Name:

Title:

Company:

Street:

City: State: Zip/Postal Code:

County: Country:

Phone No.:

Fax No.:

E-mail Address:

Note: Your e-mail address and all other personal information will not be shared with any party. All information is kept strictly confidential.

- Yes, I would like to receive Sunnen news via e-mail.
- Yes, I would like to receive Sunnen special promotions via e-mail.

Please choose one: Taxable Tax Exempt

CREDIT REFERENCE

Organization:

Corporation Partnership Proprietorship

How long in business?

Principal:

Title:

Home Address:

City: State: Zip Code:

Date of Birth: Home Phone No.:

Social Security #:

Principal:

Title:

Home Address:

City: State: Zip Code:

Date of Birth: Home Phone No.:

Social Security #:

Type of business:

Own Rent

Name and address of Mortgagee/Landlord:

Lease Expires:

Professional References

Bank Name:
Address:
City: **State:** **Zip Code:**
Phone No.:

Supplier Name:
Address:
City: **State:** **Zip Code:**
Phone No.:

Supplier Name:
Address:
City: **State:** **Zip Code:**
Phone No.:

Notice: The following credit agreement is provided for your information. Please read the agreement before submitting the application.

Credit Agreement:

If this thirty-day account is opened, I agree:

1. To pay each invoice within thirty (30) days.
2. To pay a 1.5% per month late charge on any invoices thirty-one days and older.
3. To pay attorney's fees in the event that collection efforts become necessary.
4. To authorize release of credit and banking information necessary for approval of this request.

Signature of Applicant

Title

Date

Please fax this form to Sunnen at: (314) 781-2268.