



# CREDIT APPLICATION

SID SIGNS INTERNATIONAL DISTRIBUTOR  
8461 NW 61st St - Miami, FL 33166  
(786) 507-4242

**PRINT**

## CUSTOMER'S INFORMATION

Your Complete Business Name:

Type of Company:      Proprietorship      Corporation      Partnership

Phone:       Fax:       Incorporated in:

Address:       ZIP Code:

City:       State:       Country:

Describe your business:

Principle(s):       Accounts Payable:

Purchasing:       Reseller Name:

## BANK INFORMATION:

Bank:       City:       State:

Account:       Phone:       Fax:

Contact:

## VENDOR REFERENCES:

Vendor Name:	<input type="text"/>	Vendor Name:	<input type="text"/>
City / State	<input type="text"/>	City / State	<input type="text"/>
Phone Number	<input type="text"/>	Phone Number	<input type="text"/>
Fax Number	<input type="text"/>	Fax Number	<input type="text"/>
Contact Name	<input type="text"/>	Contact Name	<input type="text"/>
Credit Limit	<input type="text"/>	Credit Limit	<input type="text"/>

Vendor Name:	<input type="text"/>	Vendor Name:	<input type="text"/>
City / State	<input type="text"/>	City / State	<input type="text"/>
Phone Number	<input type="text"/>	Phone Number	<input type="text"/>
Fax Number	<input type="text"/>	Fax Number	<input type="text"/>
Contact Name	<input type="text"/>	Contact Name	<input type="text"/>
Credit Limit	<input type="text"/>	Credit Limit	<input type="text"/>

## OTHER INFORMATION:

Annual sales volume	<input type="text"/>	Amount of credit requesting?	<input type="text"/>	Will you provide a financial statement?	YES
					NO

ON APPROVAL OF CREDIT, I / WE AGREE TO PAY IN FULL AND IN ACCORDANCE WITH THE TERMS OF THE PAYMENT INDICATED BY SID SIGNS INTERNATIONAL DISTRIBUTOR IF PAYMENT IS NO MADE IN ACCORDANCE WITH STATED TERMS, I / WE AGREE TO PAY ALL ATTORNY FEES, COLLECTION FEES OR COURT COST INVOLVED IN THE COLLECTION OF ANY AND ALL OUTSTANDING PURCHASES. I / WE AUTHORIZE MY / OUR BANK AND TRADE REFERENCES TO RELEASE CREDIT AND FINANCIAL INFORMATION TO SID SIGNS INTERNATIONAL DISTRIBUTOR.

Auth. Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Your position: \_\_\_\_\_