



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: Vendor Name:

City / State City / State

Phone Number Phone Number

Fax Number Fax Number

Contact Name Contact Name

Credit Limit Credit Limit

Vendor Name: Vendor Name:

City / State City / State

Phone Number Phone Number

Fax Number Fax Number

Contact Name Contact Name

Credit Limit Credit Limit

OTHER INFORMATION:

Annual sales volume Amount of credit requesting? 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: _____