

Company Name \_\_\_\_\_  
DBA \_\_\_\_\_  
Billing Address 1 \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Shipping Address 1 \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Central Phone \_\_\_\_\_ Federal Employer ID Number \_\_\_\_\_  
Order Contact Name \_\_\_\_\_ Direct Phone \_\_\_\_\_ EXT \_\_\_\_\_  
Email \_\_\_\_\_ Credit Limit Desired \_\_\_\_\_

For Office Use Only:  
Application provided  
by:  
\_\_\_\_\_

**A/P CONTACT**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Ext \_\_\_\_\_  
Email \_\_\_\_\_ Email For Invoice \_\_\_\_\_

**SALES TAX EXEMPT?**

**If so, a completed exemption certificate must be returned with application**

**OFFICERS, PARTNERS AND/OR PRINCIPALS**

Name \_\_\_\_\_ Title \_\_\_\_\_  
Home Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
SSN \_\_\_\_\_ Home Phone \_\_\_\_\_  
Name \_\_\_\_\_ Title \_\_\_\_\_  
Home Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
SSN \_\_\_\_\_ Home Phone \_\_\_\_\_

Applicant(s) agree to pay any collection costs incurred to collect the unpaid balance, including interest as allowed by state law, and any reasonable attorney's fees. The undersigned warrants that the information submitted is true and correct. You are authorized to investigate the credit references listed. **An officer of the company is required to sign this application.**

Officer Signature \_\_\_\_\_ Title \_\_\_\_\_

In lieu of providing a financial statement, the principal owners, officers or partners may sign the following assumption of responsibility and guaranty agreement: (over)

I (We) assume personal responsibility for and guarantee payment of all sums due and payable to Superior Industrial Supply by the above listed applicant, including all costs of collection, including interest as allowed by state law, and attorney's fees, should the account be placed for collection.

Signature \_\_\_\_\_ Signature \_\_\_\_\_  
Date \_\_\_\_\_ Date \_\_\_\_\_  
SSN \_\_\_\_\_ SSN \_\_\_\_\_

**BANK REFERENCES**

Bank Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Account Number \_\_\_\_\_  
Contact Name \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

**TRADE REFERENCES**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Contact Name \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Contact Name \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Contact Name \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Contact Name \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

**\*\*\*Submit your completed application via email to [AR@sisupply.com](mailto:AR@sisupply.com)\*\*\***