



Confidential Credit Application

Date:			
TO: SISCO, P.O. BOX 470, GREENVILLE, OH 45331		FAX: 800-917-4726	
We hereby apply for the extension of credit by your firm. The following information is submitted as a basis for your consideration of our application			
Name of Firm:			
Mailing Address:			
City:	County:	State:	Zip:
Phone:		Fax:	
Shipping Address <i>(If different from mailing address):</i>			
Established in (Year):	State Tax No.:	Federal ID No.:	
Type of Business (Circle One)			
Corporation	Partnership	Proprietorship	
If proprietorship or partnership, social security no(s).:			
If incorporated, state in which incorporated:			
Name of national franchise (if applicable):			
Brief description of business, including products handled:			
Principal Owners or Stockholders			
Name	Address	Title	
Are purchase orders required to charge your account (Circle one): Yes No			
If "YES", please give names of authorized agents:			
We expect our maximum credit requirement from you to be: \$			

I hereby authorize the following references to disclose any and all pertinent information to SISCO, for the purpose of them extending me credit.

BANK REFERENCE		
Name of Bank:		
Address:		Phone:
City:	State:	Zip:
Bank Officer:	Position:	
MAJOR TRADE REFERENCES		
Company Name:		
Mailing Address:		Phone:
		Fax:
City:	State:	Zip:
Individual's Name:	Position:	
Company Name:		
Mailing Address:		Phone:
		Fax:
City:	State:	Zip:
Individual's Name:	Position:	
Company Name:		
Mailing Address:		Phone:
		Fax:
City:	State:	Zip:
Individual's Name:	Position:	
APPLICANT'S SIGNATURE ATTESTS FINANCIAL RESPONSIBILITY, ABILITY AND WILLINGNESS TO PAY OUR INVOICES IN ACCORDANCE WITH TERMS.		
I enclose a current copy of our financial statement dated:		
Signed by:	Firm:	
Title:	Date:	