



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: | |