

Company Name _____ Date _____
 Mailing Address _____
 City, State, Zip _____
 Street Address _____
 City, State, Zip _____
 Telephone _____ E-mail _____ Fax _____
 Type of Business _____ A/P Supervisor _____ ext. _____
 Proprietorship _____ Partnership _____ Corporation _____
 Dun & Bradstreet Number _____ Dun & Bradstreet Rating _____
 How long in business? _____ Branch or Division of: _____
 Sales Tax Exempt? _____ Attach T/E Form _____ Will Purchase Orders be Issued _____

Company Representatives

Name _____ Social Security # _____ Title _____
 Name _____ Social Security # _____ Title _____
 Name _____ Social Security # _____ Title _____

Required Financial Information (Please Provide Current Financial Statements – Balance Sheet/Income Statement)

Bank References:
 Principal Commercial Bank Name _____ Account Number _____ Contact _____ Telephone _____
 Address _____ City, State, Zip _____
 Principal Commercial Bank Name _____ Account Number _____ Contact _____ Telephone _____
 Address _____ City, State, Zip _____

Trade References:
 Company Name _____ Contact _____ Telephone _____ Fax _____
 Address _____ City, State, Zip _____
 Company Name _____ Contact _____ Telephone _____ Fax _____
 Address _____ City, State, Zip _____

Procurement Information

Estimated Monthly Purchases _____ Credit Line requested _____

Terms & Conditions

Applicant hereby requests and authorizes all references to release credit information to Superior Distributors, Inc., and authorizes a credit report for any corporation, corporate officer, partner, or owner to be issued to Superior Distributors, Inc. By signing this application, applicant authorizes Superior Distributors, Inc., to process or otherwise manage credit information in any manner deemed appropriate by Superior Distributors, Inc. Applicant represents that he/she has read and agrees to be bound by all terms, conditions, and agrees to payment terms of net 30 days from date of invoice unless otherwise specified in writing.

 Authorized Signature (Please print name and title of authorized signer) _____ Date _____