



P.O. Box 627 • 1200 Weaver Road
Herrin, IL 62948
Phone: (618) 988-1521
Fax: (618) 988-9751

NEW CUSTOMER - APPLICATION FOR CREDIT

FOR: _____
NAME OF FIRM OR INDIVIDUAL

ADDRESS

CITY STATE ZIP

YEARS AT THIS ADDRESS: _____

PHONE #: () - _____

FAX #: () - _____

Thank you very much for your interest in becoming a customer of The Sollami Company. We take pride in all aspects of our customer support, including setting up new customers without delay.

In order for our office to process your application quickly, we ask that you fill out the form to best of your ability, (attaching reference sheets are accepted). The most important point is that the application be signed and returned to us with all of the information that we require. The process may take a few days, based on the responses of the references provided.

Check here if cash sales are okay until credit is approved.

The following information must be provided. It will be held in the strictest confidence.

Individual Partnership Corporation State Inc: _____ Date of Inc: _____

1.	NAME(S) OF PRINCIPAL(S)	COMPLETE ADDRESS	ZIP	PHONE #	FAX #
2.					
3.					
4.					

PURCHASE ORDER CONTACT: _____

CONTACT E-MAIL: _____

PHONE: _____

A/P CONTACT: _____

A/P E-MAIL: _____

PHONE: _____



P.O. Box 627 • 1200 Weaver Road
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NEW CUSTOMER - APPLICATION FOR CREDIT (CONTINUED)

FINANCE:

BANK	BANK ADDRESS	FAX #
BANK OFFICER OR DEPARTMENT	PHONE #	ACCOUNT #

TRADE REFERENCES:

COMPANY:	CITY:		
ADDRESS:	STATE:	PHONE #:	
CONTACT:	ZIP CODE:	FAX #:	
COMPANY:	CITY:		
ADDRESS:	STATE:	PHONE #:	
CONTACT:	ZIP CODE:	FAX #:	
COMPANY:	CITY:		
ADDRESS:	STATE:	PHONE #:	
CONTACT:	ZIP CODE:	FAX #:	
COMPANY:	CITY:		
ADDRESS:	STATE:	PHONE #:	
CONTACT:	ZIP CODE:	FAX #:	

WE CERTIFY THAT ALL INFORMATION ON THIS FORM IS CORRECT. WE FULLY UNDERSTAND YOUR CREDIT TERMS AND AGREE TO THE PROPER PAYMENT IN CONSIDERATION OF EXTENDED CREDIT. ALL REMITTANCES SHOULD BE MADE PAYBALE TO:
 THE SOLLAMI COMPANY
 P.O. BOX 627 • HERRIN, IL • 62948

X _____
 Applicant's Signature Title Date

FOR THE SOLLAMI COMPANY OFFICE USE ONLY:

Payment Terms Requested: _____ Sales Person: _____ Date: _____
 Amount Requested: \$ _____ Approved: \$ _____ Entered: _____