

# APPLICATION FOR CREDIT

# THE SOLLAMI COMPANY

P.O. Box 627 • 1200 Weaver Road  
Herrin, Illinois 62948

Phone 618-988-1521 • Toll Free 800-992-1521 • Fax 618-942-5367

BY:

NAME OF FIRM OR INDIVIDUAL \_\_\_\_\_

YEARS AT THIS ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

AREA CODE \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

AREA CODE \_\_\_\_\_

FAX NUMBER \_\_\_\_\_

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

OWNERSHIP:

Corporation

Check here if incorporated within the past 12 months

Partnership

Individual

1.

NAME(S) OF PRINCIPAL(S) \_\_\_\_\_

COMPLETE ADDRESS \_\_\_\_\_

ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

2.

3.

4.

FINANCE:

BANK \_\_\_\_\_

BANK ADDRESS \_\_\_\_\_

BANK OFFICER OR DEPARTMENT \_\_\_\_\_

PHONE \_\_\_\_\_

ACCOUNT # \_\_\_\_\_

REFERENCES:

1.

BUSINESS NAME \_\_\_\_\_

COMPLETE ADDRESS \_\_\_\_\_

ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

2.

3.

4.

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

We certify that all the information on this form is correct. We fully understand your credit terms and agree to the proper payment in consideration of extended credit.

(Signed) \_\_\_\_\_

Date \_\_\_\_\_ 20\_\_\_\_ (Title) \_\_\_\_\_