



APPLICATION for CREDIT

P.O. Box 627 • 1200 Weaver Road • Herrin, IL 62948
Phone: (618) 988-1521 • Fax: (618) 942-5368 • Email: soco1@sollamico.com

Company: _____
Name of Firm or Individual OFFICE Phone Years at this Address?

Complete Billing Address FAX

City State Zip Email Address

The following information must be provided and will remain confidential:

Ownership: ☐ Individual ☐ Partnership ☐ Corporation
State Incorporated Date of Incorporated

Name(s) of Principal(s)	Address	City	State	Zip	Phone
1	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____

Finance: _____
Bank Name Bank Address City, State Zip

Bank Officer/Department Account # Phone

***Please attach a list of 3 (or more) Trade References including: Business Name • Contact Name • Street Address • City, State Zip • Phone Number • Fax Number/Email Address

Email Address(es):

☐ Check here if credit card sales are okay until credit is approved. 1 _____
☐ Check here if you would like to receive paperless INVOICES. (Provide email address(es) to the right) 2 _____
☐ Check here if you would like to receive INVOICES via MAIL. 3 _____

Name	Email	Phone
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Purchaser Contact: _____
A/P Contact: _____

By signing below, I certify that all the information on this form is correct. I fully understand your credit terms and agree to the proper payment in consideration of extended credit:

Print Name of Principal and Title

Signature of Principal

Date

All remittances should be made payable to: **The Sollami Company • PO Box 627 • Herrin, IL 62948**