



# APPLICATION for CREDIT

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

Phone: (618) 988-1521 • Fax: (618) 988-9751 • Email: [soco1@sollamico.com](mailto: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 and a copy of your W9 or Sales and Use Tax Exemption Form**

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
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***