



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

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 + 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***