



APPLICATION FOR CREDIT

FIRM NAME: _____

TRADE NAME: (If different than firm name) _____

STREET ADDRESS: (Not P.O. Box) _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

OWNERSHIP: INDIVIDUAL _____ PARTNERSHIP _____ CORPORATION _____

FED. TAX NO.: _____ # OF EMPLOYEES: _____

DATE BUSINESS STARTED: _____ EFFECTIVE DATE OF CURRENT OWNERSHIP: _____

ESTIMATED ANNUAL SALES \$: _____

CREDIT LIMIT REQUESTED: \$ _____ D&B NUMBER: _____

ACCOUNTING INFORMATION:

ACCOUNTS PAYABLE CONTACT: _____

ACCOUNTS PAYABLE EMAIL (INVOICES SENT VIA EMAIL): _____

TRADE REFERENCES (Four Required)

NAME: _____
STREET: _____
CITY/STATE/ZIP: _____
PHONE: _____
EMAIL (required): _____

NAME: _____
STREET: _____
CITY/STATE/ZIP: _____
PHONE: _____
EMAIL (required): _____

NAME: _____
STREET: _____
CITY/STATE/ZIP: _____
PHONE: _____
EMAIL(required): _____

NAME: _____
STREET: _____
CITY/STATE/ZIP: _____
PHONE: _____
EMAIL(required): _____

Sinclair & Rush, Inc. extends net 30 terms to those accounts that have been granted open credit. In the event Sinclair & Rush, Inc. incurs collection cost or is required to institute suit to collect any amount due under this agreement or any portion thereof, the Company applying for credit agrees to pay such additional collection costs, charges, and expenses, including reasonable attorney fees incurred by Sinclair & Rush, Inc.

X _____ Date _____
Authorized Signature/Title (required)



Sinclair & Rush, Inc., 111 Manufacturers Drive, Arnold, MO 63010-4727

*Phone (636) 282-6800 *Sales Fax (636) 282-6888 *Accounting Fax (636) 282-6881