



CREDIT APPLICATION
 (PLEASE PRINT OR TYPE)

APPLICANT (BUSINESS OR CORPORATE NAME)			ACCOUNTS PAYABLE CONTACT PERSON & E-MAIL ADDRESS		
BUSINESS STREET ADDRESS			BILLING ADDRESS (STREET OR P.O. BOX)		
CITY	STATE	ZIP	CITY	STATE	ZIP
COUNTRY			COUNTRY		
BUSINESS PHONE #	A/P PHONE & FAX #	TYPE OF BUSINESS: <input type="checkbox"/> OTHER <input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION	IF INCORPORATED	FINANCIAL STATEMENTS (Required on credit over \$50,000) <input type="checkbox"/> WILL BE MAILED <input type="checkbox"/> ENCLOSED <input type="checkbox"/> DECLINED	
BUSINESS FAX #	YEARS ESTABLISHED: NO. OF EMPLOYEES		IN STATE OF: Dun & Bradstreet NUMBER:		
PRINCIPAL BUSINESS ACTIVITIES	BUSINESS BLDG. IS: <input type="checkbox"/> Owned <input type="checkbox"/> Rented	FEDERAL ID NO.	HAS OWNERSHIP CHANGED IN THE LAST 2-5 YRS? (if yes, explain on separate sheet of paper) <input type="checkbox"/> YES <input type="checkbox"/> NO		
COMMODITY	DUTY RATE	COMMODITY	DUTY RATE		
OWNERS (IF APPLICANT IS A SOLE PROPRIETORSHIP OR PARTNERSHIP) OR OFFICERS (IF A CORPORATION)					
NAME	TITLE:	HOME ADDRESS	HOME PHONE NO:		
	SS#				
NAME	TITLE:	HOME ADDRESS	HOME PHONE NO:		
	SS#				
NAME	TITLE:	HOME ADDRESS	HOME PHONE NO:		
	SS#				
BANK OR SAVINGS AND LOAN ASSOCIATION (Your signature below authorizes your bank to release your financial information to Samuel Shapiro & Co., Inc.)					
NAME	BRANCH ADDRESS	ACCOUNT NUMBER	BANK PHONE & FAX #		
APPLICANT'S PRINCIPAL U.S. SUPPLIERS (Please note: Complete addresses and fax numbers are necessary to process your application promptly (Completion required-US Suppliers preferred - if none, please list your non-US Suppliers) Please include Primary Vendors only, not Landlords or Utilities.					
NAME	ADDRESS	PHONE	Email:		
		FAX			
NAME	ADDRESS	PHONE	Email:		
		FAX			
NAME	ADDRESS	PHONE	Email:		
		FAX			
NAME	ADDRESS	PHONE	Email:		
		FAX			
NAME	ADDRESS	PHONE	Email:		
		FAX			



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APPLICANT'S PRIMARY CUSTOMERS (Completion required)		(Please note: Complete addresses and fax numbers are necessary to process your application promptly)	
NAME	ADDRESS	PHONE	FAX
NAME	ADDRESS	PHONE	FAX
NAME	ADDRESS	PHONE	FAX
HAS APPLICANT OR ANY OF ITS PRINCIPALS EVER FILED A VOLUNTARY PETITION IN BANKRUPTCY? IF YES, EXPLAIN ON SEPARATE SHEET. <input type="checkbox"/> YES <input type="checkbox"/> NO		HAS A TAX LIEN OR CIVIL SUIT BEEN FILED AGAINST APPLICANT OR ANY PRINCIPAL WITHIN THE LAST 6 YEARS? IF YES, EXPLAIN ON SEPARATE SHEET. <input type="checkbox"/> YES <input type="checkbox"/> NO	

OUR PAYMENT TERMS ARE: "NET DUE UPON RECEIPT" (15 DAYS): In consideration of Samuel Shapiro & Company, Inc., extending credit to the Applicant, the Applicant agrees to pay for services rendered/funds to be advanced for the Applicant in accordance our terms and conditions. Applicant agrees to each of the terms and conditions of Samuel Shapiro & Company, Inc. to the Applicant. Applicant acknowledges that a monthly service charge of 1.5% shall be made on all sums due Samuel Shapiro & Company, Inc., which have not been paid according to terms. Should it become necessary to place the account with a collection agency or attorney, the Applicant agrees to pay all collection and attorney fees in addition to all other sums due. Applicant authorizes Samuel Shapiro & Company, Inc., to obtain credit and financial information concerning the Applicant at any time and from any source. The undersigned warrants that the above agreement has been carefully read and that Applicant understands it completely. All services are subject to and governed by our terms and conditions of service. Please consult the copy we forwarded to you, locate a copy on our website (<http://www.shapiro.com>), or call us for an additional copy.

Grantor hereby acknowledges receipt of Samuel Shapiro & Company, Inc. Terms & Conditions of Service, as may be amended, and agrees to abide by same including the limitation of liability contained therein. A copy may also be found on our website, www.shapiro.com, and is available by request at no charge.

*** This credit agreement does not obligate the company to advance Customs duties, which are your direct obligation to the U.S. Government. Except for specific conditions, which require duty payment prior to release, duties are due 10 working days from date of release. Late payment can result in administrative penalty, plus .1% of the outstanding duty per day.**

WE ESTIMATE OUR ANNUAL FREIGHT/DUTIES AT: \$ _____ AND REQUEST A CREDIT LINE \$ _____	_____ PRINT NAME OF APPLICANT (Officer or Owner)	_____ TITLE
	_____ SIGNATURE OF APPLICANT	_____ DATE

For our Credit and Collections department, please check one of the following:

<input type="checkbox"/> I would like a courtesy reminder call when my invoices are approaching their due dates.	<input type="checkbox"/> I would like to be contacted only if my invoices become past due.
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For use by Samuel Shapiro & Company, Inc.

Client ID:	Credit Terms:
Signature: _____	Credit Line: _____
Date: _____	