



## CREDIT APPLICATION FOR TERMS

### BUSINESS CONTACT INFORMATION

Company Name		Number of Years in Business	
Contact Name		Federal ID#, EIN# or SSN	
Phone/Fax		A/P Contact Name	
E-mail		A/P Email	
Company Address City, State Zip Code		A/P Phone	
<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other _____		Please provide Visa or Mastercard for use until credit is approved.	CC# _____ Expiration: _____ 3 Digit Code: _____

### BUSINESS/TRADE REFERENCES

Company Name		Phone	
Address		Fax	
City, State Zip Code		Email	
Terms			

Company Name		Phone	
Address		Fax	
City, State Zip Code		Email	
Terms			

Company Name		Phone	
Address		Fax	
City, State Zip Code		Email	
Terms			

### AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice.
2. Please provide a copy of your 'Resale Certificate' or blanket exemption form. Otherwise, we are required to bill and collect PA State Sales Tax of 6%.
3. By submitting this application, you authorize SCP Group to make inquiries into the business/trade references that you have supplied.
4. Until approved, Visa or Mastercard required for payment.

### BUSINESS/TRADE REFERENCES

Signature	
Name and Title	
Date	