



321 East 1st Street • Centuria, WI 54824  
 Phone: 1-800-969-9708 Fax: 1-888-443-1757  
 www.sunwayinc.com  
 custcare@sunwayinc.com

# Credit Application

Date: \_\_\_\_\_

Thank you for your interest in our company's products. We appreciate your interest and look forward to a long and prosperous business relationship. Please complete the credit application and return to the above address, attention Credit Department. You will be advised shortly of your credit status with our company. Thank you.

Your Company Name \_\_\_\_\_

Address \_\_\_\_\_

Contact Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

Check Business Structure: \_\_\_\_\_ Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Proprietorship \_\_\_\_\_ # yrs in Bus. D&B# \_\_\_\_\_

### Billing Options until credit is approved:

AMOUNT OF CREDIT REQUESTED: \_\_\_\_\_

\_\_\_\_\_ Check here if credit card sales are okay

American Express # \_\_\_\_\_ Visa # \_\_\_\_\_

Master Card # \_\_\_\_\_

Authorization Signature: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Names and titles of principal officers, partners, or individual proprietor:

Name: \_\_\_\_\_ Title: \_\_\_\_\_ SS#: \_\_\_\_\_

Home Address: \_\_\_\_\_

CREDIT CANNOT BE APPROVED WITHOUT PRINCIPAL NAME, HOME ADDRESS, AND SOCIAL SECURITY NUMBER

Federal ID Number: \_\_\_\_\_

### Bank References:

Bank Name \_\_\_\_\_ Contact: \_\_\_\_\_

Phone Number \_\_\_\_\_ Account # \_\_\_\_\_

Bank Name \_\_\_\_\_

Phone Number \_\_\_\_\_ Account # \_\_\_\_\_

**Credit References:**

Company Name \_\_\_\_\_ Phone Number \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Fax Number \_\_\_\_\_

Company Name \_\_\_\_\_ Phone Number \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Fax Number \_\_\_\_\_

Company Name \_\_\_\_\_ Phone Number \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Fax Number \_\_\_\_\_

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**Credit Agreement:**

All credit sales are due and payable as stated on our invoice. All accounts not paid in compliance with the invoice shall be past due and shall incur a late fee of 18% per annum or the maximum allowed by law. All late charges will be strictly enforced. In addition to all other sums owing, the undersigned agrees to pay Sunway, Inc., on demand, all costs and expenses (including reasonable attorney's fees and other legal expenses) which may be incurred in the enforcement of any liability owing Sunway, Inc. The undersigned certifies that all information on this form is correct.

If your firm is tax exempt, please provide us with the appropriate tax exemption certificate(s).

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## Authorization Form

We have recently applied for credit with **Sunway, Inc.** We have been requested to provide information for their use in reviewing credit worthiness. Therefore, I authorize the investigation of my firm, \_\_\_\_\_  
And it's related credit information.

The release in any manner of all information by you is authorized whether such information is of record or not. I do hereby release all persons, agencies, firms, companies, etc. from any damages resulting from providing such information.

Thank you for your cooperation.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Title: \_\_\_\_\_