



APPLICATION FOR CREDIT
 UPDATE CREDIT

NAME OF COMPANY _____ YEARS IN BUSINESS _____
 BILL TO ADDRESS _____ CITY _____
 STATE _____ ZIP CODE _____ TELEPHONE # _____ FAX # _____
 SHIP TO ADDRESS _____ CITY _____
 STATE _____ ZIP CODE _____ TELEPHONE # _____ FAX # _____

TYPE OF BUSINESS _____ DO YOU OWN THE BUILDING _____ #SQ FT _____
 NAME, ADDRESS, TEL/FAX# OF LANDLORD _____
 DO YOU HAVE OTHER OWNERSHIPS OR INTERESTS? _____

AMOUNT OF CREDIT REQUIRED \$ _____ ANNUAL SALES \$ _____ # OF EMPLOYEES _____
 OWNERSHIP: CORP _____ PARTNERSHIP _____ INDIVIDUAL _____ OTHER _____
 FEIN/SSN _____
 FINANCIAL STATEMENT ENCLOSED _____ IF NOT, WHEN MAY WE RECEIVE _____

Please attach the State Resale Certificate and return with this application if you are a California company

ACCOUNTS PAYABLE CONTACT _____ TELEPHONE _____
 E-MAIL _____ FAX _____

NAMES OF OFFICERS/OWNERS	TITLE	TELEPHONE # / FAX #
1. _____		
2. _____		
3. _____		

TRADE REFERENCES	NAME	COMPLETE ADDRESS	TELEPHONE #	FAX #
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

BANK _____ ADDRESS _____
 TELEPHONE# _____ FAX# _____ ACCT# _____

LINE OF CREDIT _____
 BANK _____ TELEPHONE# _____ FAX# _____ ACCT# _____

TERMS OF SALES ARE NET 30 DAYS, UPON APPROVAL OF CREDIT.
 UNTIL SUCH TIME, TERMS WILL BE ON A PREPAID BASIS.

IMPORTANT: APPLICATION VOID WITHOUT SIGNATURE

I/WE AGREE THAT THE USUAL CREDIT INQUIRES MAY BE MADE AT ANY TIME IN CONNECTION WITH THE CREDIT HEREBY APPLIED FOR AND THAT THE INFORMATION PROVIDED HEREIN IS ACCURATE AND COMPLETE. I/WE AGREE TO SYNERGY SYSTEMS, LLC STANDARD COMMERCIAL TERMS OF SALE.

SIGNATURE _____ DATE _____

FOR CREDIT DEPARTMENT USE ONLY	
D&B RATING _____	CREDIT LIMIT _____
SALES PERSON _____	DATE APPROVED _____