

# BrandRoads.com

A division of SUI International, Ltd  
380 Hurricane Lane, Ste 201  
Williston, VT 05495-2085  
Tel: (800) 835-9809  
Fax: (802) 872-5797

## APPLICATION FOR CREDIT

Please complete, sign and fax back. Please print.

### APPLICANT

Legal Name: \_\_\_\_\_  
Trade Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

### TELL US ABOUT YOUR BUSINESS

Type of Ownership: Individual  Partnership  Corporation   
Management: Owner/President: \_\_\_\_\_  
Vice President: \_\_\_\_\_  
Financial Officer: \_\_\_\_\_  
Month/Year Established: \_\_\_\_/\_\_\_\_ State of Incorporation: \_\_\_\_\_  
Federal Tax ID: \_\_\_\_\_ D&B #: \_\_\_\_\_  
# of Employees: \_\_\_\_\_ Annual Sales: \_\_\_\_\_ ASI #: \_\_\_\_\_

### BANK REFERENCE

Bank Name: \_\_\_\_\_ Contact: \_\_\_\_\_  
Branch Address: \_\_\_\_\_  
Acct #: \_\_\_\_\_ Tel #: \_\_\_\_\_ Fax #: \_\_\_\_\_

### TRADE REFERENCES

Please give complete addresses including zip codes, tel/fax numbers and account numbers or attach reference sheet

	<u>NAME</u>	<u>ADDRESS</u>	<u>TEL #</u>	<u>FAX #</u>	<u>ACCOUNT #</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

The undersigned authorizes investigation of applicant's credit history, trade and bank references and any information deemed necessary to extend credit. Applicant further authorizes any bank or commercial business with whom Applicant is doing or has done business to give any information to SUI International, Ltd which will assist us in our credit investigation. Applicant agrees that payments shall be due within 30 days after the date of the invoice and all past due invoices will bear interest on the unpaid balance at the rate 1-1/2% per month (or the maximum allowed by law, whichever is less). Applicant agrees SUI International, Ltd has the right to refuse future extensions of credit to Applicant if Applicant fails to comply with any terms or conditions applicable to sale to Applicant. If the account is placed for collection, the Applicant agrees to pay all costs and expenses of collection, including attorney fees, court cost, and any contingency fees for a collection agent. I certify the above information to be true and accurate.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_