



**NEW ACCOUNT CREDIT APPLICATION**

RR1 Box 337, Moline, Illinois 309/799-7091 309/799-5718 (fax) print or type all information

**BILL TO:**

Company Name \_\_\_\_\_  
Address \_\_\_\_\_  
City / State / Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Fax \_\_\_\_\_

**SHIP TO:**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City / State / Zip \_\_\_\_\_  
County \_\_\_\_\_  
Phone \_\_\_\_\_  
Is ship-to-address a residence? Yes \_\_\_ No \_\_\_  
Special shipping instructions: \_\_\_\_\_  
\_\_\_\_\_

Directions to ship-to address: \_\_\_\_\_  
\_\_\_\_\_

Receiving hours \_\_\_\_\_  
Can deliveries be made unattended? Yes \_\_\_ No \_\_\_  
If yes, customer assumes full responsibility for merchandise immediately upon delivery.

**GENERAL INFORMATION:**

Back orders accepted? Yes \_\_\_ No \_\_\_  
Partial orders accepted? Yes \_\_\_ No \_\_\_  
Describe the nature of your business \_\_\_\_\_  
\_\_\_\_\_

Owner(s) \_\_\_\_\_  
Owner(s) SS# \_\_\_\_\_  
Home Address \_\_\_\_\_  
City / State / Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Buyer's name \_\_\_\_\_  
Accounts payable contact \_\_\_\_\_  
Accounts payable phone \_\_\_\_\_

**SALES TAX:**

Are you exempt from sales tax? Yes \_\_\_ No \_\_\_  
If yes, you must fill out an exemption certificate specified by your state. If you do not have a blank certificate, we will forward one to you via fax or mail. We are required to charge sales tax until the signed valid certificate is received in our office.

**BUSINESS PROFILE:**

Is this company a division, subsidiary, or in any way affiliated with another company or corporation?  
Yes \_\_\_ No \_\_\_  
If yes, give details \_\_\_\_\_  
\_\_\_\_\_  
Years in business \_\_\_\_\_ At present location \_\_\_\_\_  
Form of business:  
Sole proprietorship \_\_\_ Partnership \_\_\_  
Corporation \_\_\_ Other \_\_\_  
Federal ID# \_\_\_\_\_  
SS# for sole proprietorship \_\_\_\_\_

**PRINCIPALS:** (List those that pertain to your type of business)

President \_\_\_\_\_  
Vice President \_\_\_\_\_  
Treasurer \_\_\_\_\_  
Secretary \_\_\_\_\_  
Principal shareholders \_\_\_\_\_  
Partners \_\_\_\_\_  
Are you listed in D&B? \_\_\_ TRW? \_\_\_ Other? \_\_\_

**AUTHORIZED TO CHARGE:**

Please list names of those persons authorized to charge to your account:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**BANK:**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City / State / Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Fax \_\_\_\_\_  
Name of business bank account (if different from above) \_\_\_\_\_  
Checking Acct# \_\_\_\_\_ Savings Acct# \_\_\_\_\_

All persons authorized to sign checks must list their names and driver's license below.

Name	Driver's license number
_____	_____
_____	_____

**SUN-RYS DISTRIBUTING NEW ACCOUNT CREDIT APPLICATION (page 2)**

**TRADE REFERENCE\$:**

Please complete with mailing address and your account number. We accept trade references only. Charge cards, personal references, extra bank references and floor planning are not acceptable.

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City / State / Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Fax \_\_\_\_\_  
Acct # \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City / State / Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Fax \_\_\_\_\_  
Acct # \_\_\_\_\_

**DESIRED TERMS\$:**

COD \_\_\_\_\_ Open account \_\_\_\_\_  
If open account is requested please indicate the dollar amount of credit line needed: \$ \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City / State / Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Fax \_\_\_\_\_  
Acct # \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City / State / Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Fax \_\_\_\_\_  
Acct # \_\_\_\_\_

**TERMS OF SALE: MUST BE COMPLETED FOR ALL ACCOUNTS**

Invoice terms will appear on each invoice. Standard terms are 1% discount if paid with-in 10 days. Net payment is due within 15 days.

If payment is not received at our facility within terms of invoice, the account will be considered as past due and assessed a finance charge of 1-1/2% per month (18% annually). Any account considered past due may be placed on a temporary hold basis until payment is received. We may request additional information before allowing further charges.

Chronic delinquency of payment on an account will result in the account being placed on COD terms without warning. If the account exceeds the credit limit, sufficient payment to bring the account below the credit limit will be required.

Applicant agrees to notify Sun-Rys Dist. Corp. in writing, within five days of any change of ownership, address, telephone, authorized purchasing agent(s), banks, transfer or listed assets or any other facts pertinent to this application.

In the event that it becomes necessary for Sun-Rys to place debt in the hands of an attorney for collection, or suit is brought hereon, or it is enforced through any judicial proceeding whatsoever, I shall pay all collection fees, reasonable attorney's fees and court costs incurred by Sun-Rys Dist. Corp. and if any appeal is taken from any decision of the trial court, such further sums as may be fixed by the appellate court as Sun-Rys's reasonable attorney's fees in the appellate court, jurisdiction, and venue of said suit shall be in the courts of the state of Illinois, in Rock Island County, and Illinois law shall apply.

If any checks used to satisfy this account are returned by the bank for any reason, the undersigned agrees to pay a return check fee at a fair and reasonable rate set by Sun-Rys. The undersigned also agrees to correct the situation created by the returned check immediately.

I, the undersigned, personally guarantee prompt payment of any obligations due to Sun-Rys Dist., for purchases made by me, or my agents, arising pursuant to the credit application signed by me/us, and I further agree to personally bind myself to pay on demand any sum which is due. It is understood that this guaranty shall be an absolute, continuing and irrevocable guaranty for such debt. In the event that more than one party executes this guaranty as a guarantor, then each guarantor agrees to be jointly and severally liable for the guaranteed indebtedness, and in all instances herein, the singular shall be construed to include the plural.

I, the undersigned, understand the above terms of sale and accept the terms and conditions set forth herein, without exception.

For the purpose of obtaining merchandise from Sun-Rys on cash or credit, I authorize and agree to release credit, financial and performance information for the business listed on this application to Sun-Rys Dist. Corp. and/or its agents.

Signature of guarantor (do not include title) \_\_\_\_\_ Date \_\_\_\_\_

Printed name (do not include title) \_\_\_\_\_