



Simon Brothers LLC
1120 N Edgewood Dr, Fowler MI 48835
Phone: 989-593-2377 Fax: 989-593-2220
Email: office@simonbrothersllc.com

Commercial Credit Application

BUSINESS INFORMATION

| | | | |
|-----------------|--|--|--|
| Company Name | | Years in business? | If your company is exempt from sales tax, a signed and dated sales tax exemption form must accompany this application. |
| DBA | | <input type="checkbox"/> Sole proprietorship | |
| Phone Fax | | <input type="checkbox"/> Partnership | |
| E-mail | | <input type="checkbox"/> Corporation | |
| Company Address | | <input type="checkbox"/> Other | |

BUSINESS AND CREDIT INFORMATION

| | | | |
|--|--|--------------------------------------|--|
| A/P Contact Name | | Bank name: | |
| If invoices & statements can be emailed, please list email address | | Bank Address City, State ZIP Code | |
| Phone | | Phone | |
| Fax | | Contact & Email | |
| Email | | Account number | |
| | | Type of account | |

BUSINESS/TRADE REFERENCES

| | | | |
|-----------------------|--|--------------|--|
| Company name | | Phone | |
| Address | | Fax | |
| City, State ZIP Code | | E-mail | |
| Type of account/terms | | Contact Name | |
| Company name | | Phone | |
| Address | | Fax | |
| City, State ZIP Code | | E-mail | |
| Type of account/terms | | Contact Name | |

AGREEMENT

By signing this credit application, I authorize Simon Brothers LLC to check my credit history and I authorize any references listed to release information to you regarding my eligibility for a credit account and any renewal or future extension of credit. It is agreed that all invoices are due and payable according to the terms that appear on my invoice irrespective of any disputes between buyer and seller as to the specific terms of sale. A monthly service charge of the greater of \$25.00 or 1.5% (18% Annual Percentage Rate) of the account balance to all accounts not paid within terms. I agree to pay reasonable collection fees and actual attorneys fees and court costs in the event I default on payment and the seller must refer the account to a third party for collection. All statements made herein are true and accurate to the best of my knowledge. I authorize the above company to make all inquiries necessary for action on this application. We hereby indemnify the above company, and its agents, from any liability resulting from their credit inquiries.

SIGNATURES

| | | | |
|----------------------|--|-------|--|
| Authorized Signature | | Date | |
| Printed Name | | Title | |