

# Silvanus Products, Inc.

## CONFIDENTIAL CREDIT APPLICATION

NAME OF BUSINESS		DATE	FAX
ADDRESS			PHONE
CITY	STATE	ZIP	FED TAX ID
NATURE OF BUSINESS		DATE ESTABLISHED	STATE SALES TAX NO.

TYPE OF BUSINESS	NAMES OF OWNERS OR OFFICERS
<input type="checkbox"/> CORPORATION	PRESIDENT
<input type="checkbox"/> PARTNERSHIP	VICE PRESIDENT
<input type="checkbox"/> INDIVIDUAL OWNERSHIP	SECRETARY
<input type="checkbox"/> _____	TREASURER
	A/P CONTACT

IS YOUR COMPANY CURRENTLY UNDER BANKRUPTCY LAW PROTECTION?  YES  NO  
 DO YOU HAVE ANY LIENS, JUDGEMENTS OR SUITS PENDING AGAINST YOUR COMPANY?  YES  NO  
 I / WE ESTIMATE OUR MONTHLY CREDIT REQUIREMENTS FROM YOUR FIRM TO BE \$ \_\_\_\_\_

**TO SUPPORT THIS APPLICATION FOR CREDIT, ATTACH A CURRENT FINANCIAL STATEMENT**

BANK NAME		PHONE	FAX
ADDRESS		ZIP CODE	PERSON TO CONTACT
SAVINGS ACCOUNT NUMBER	CHECKING ACCOUNT NUMBER	LOAN NUMBER	<input type="checkbox"/> SECURED <input type="checkbox"/> UNSECURED

**BUSINESS REFERENCES**

NAME	PHONE	FAX
ADDRESS	ZIP CODE	PERSON TO CONTACT
NAME	PHONE	FAX
ADDRESS	ZIP CODE	PERSON TO CONTACT
NAME	PHONE	FAX
ADDRESS	ZIP CODE	PERSON TO CONTACT
NAME	PHONE	FAX
ADDRESS	ZIP CODE	PERSON TO CONTACT

**CONDITIONS OF SALE AND TERMS OF PAYMENT**

I understand and agree to abide by the following:

- I will notify Silvanus Products Incorporated of any changes of ownership or officers of the company.
- Until credit is approved, we require a 50% downpayment for all orders placed with the remainder due before shipping.
- If granted credit, your company agrees to pay all invoices within 45 days of the invoice date.
- It is agreed the account will become cash in advance (CIA), if invoices are not paid within the above stated terms.
- If the company defaults on payment of any outstanding invoices, company agrees to pay attorney and/or collection expenses.

I make the foregoing application for credit for the purpose of obtaining merchandise on an open account basis and I authorize Silvanus Products Incorporated to make inquiries regarding credit information contained in the application.

AUTHORIZED SIGNATURE	TITLE
PRINTED NAME	DATE

Please return this credit application to:  
 SILVANUS PRODUCTS, INC., ATTN: CREDIT MANAGER  
 PO BOX 427, STE. GENEVIEVE, MO 63670-0427

PHONE (800) 822-2788  
 FAX (573) 883-7977

# INFORMATION DISCLOSURE AUTHORIZATION

## Silvanus Products, Inc.

40 Merchant Street  
PO Box 427  
Ste. Genevieve, MO 63670-0427

To Whom It May Concern:

I/We hereby authorize you to release to Silvanus Products, Inc., its successors and/or assigns, or the credit reporting service of their choice for verification purposes, information concerning:

- credit history, dates, terms, limits, ratings, etc.
- banking and savings accounts records, all loan rating including opening date, high credit, payment amount due date, loan balance, and payment record

This information is for the confidential use in compiling an opening credit account.

A photocopy or fax copy of this authorization of the undersigned may be deemed to be the equivalent of the original and may be used as a duplicate original.

Your prompt reply will help expedite our credit application.

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Company Name

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Federal Tax I.D. No.

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Signature

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Title

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Date

Phone: 573.883.3521 or 800.822.2788 Fax: 573.883.7977  
E-Mail: [silvanus@silvanusproducts.com](mailto:silvanus@silvanusproducts.com) Web: [silvanusproducts.com](http://silvanusproducts.com)