

Credit Application

To avoid delay in processing, complete in full. All information will be held in confidence.

SFA SANIFLO INC.	Phone: 732-225-6070	Email: mlopez@saniflo.com
105 Newfield Ave, Suite B	Fax: 732-225-6072	Web: www.saniflo.com
Edison, NJ 08837	Toll Free: 800-571-8191	

Owners name(s) _____ Telephone: _____

Company name _____ **Buying Group:** _____

Contractor Lic. # _____ Fax: _____

Street address: _____

City: _____ State/Province: _____ Zip Code: _____

Name Accounts Payable Contact: _____ **AP Email** _____

Are any affiliated companies currently doing business with SANIFLO under another name? Yes / No.

If yes please provide name: _____

Financial Data

Corporation _____ Partnership _____ Proprietorship _____ Years in business _____

Taxpayer ID Number _____

Bank Reference

Name Bank: _____ Telephone: _____

Street Address: _____

City: _____ State/Province: _____ Postal: _____

Account number: _____ Contact Person: _____

Trade Reference

Name: _____ Telephone: _____ Fax: _____

Address: _____

Name: _____ Telephone: _____ Fax: _____

Address: _____

Name: _____ Telephone: _____ Fax: _____

Address: _____

Credit Agreement

If granted credit, I (we) the undersigned understand and agree to pay all invoices according to the terms set forth by SFA SANIFLO INC. Our terms are **NET 30 (unless otherwise agreed)**, 120 days collection. See Sales Agreement printed on the reverse side of our invoice, (a copy of the invoice is enclosed.) If an outstanding balance is not paid, I (we) understand that I (we) will be responsible solely and collectively, for all reasonable costs and expenses including attorney's fees incurred by SFA SANIFLO INC. in collecting the outstanding account.

All references will be contacted. Please allow ample response time before account may be established.

Name

Title

Signature

Dated

Sales Manager Approval	Date
Sales Agent Approval	Date
Credit Limit	Credit Approval

