



180 New Britain Blvd.  
 Chalfont, PA 18914  
 CALL 1-800-221-0216 / 1-215-822-8500  
 FAX 1-800-472-2281 / 1-215-822-0151

# CREDIT APPLICATION

## BILLING INFORMATION

BILL-TO NAME				YEAR ESTABLISHED
ADDRESS			CITY	
STATE	ZIP CODE	TELEPHONE	FAX	A/P CONTACT

## SHIPPING INFORMATION (Please list any additional locations on a separate page)

SHIP-TO NAME				
ADDRESS			CITY	
STATE	ZIP CODE	TELEPHONE	FAX	A/P CONTACT

## BANK REFERENCE

NAME			ADDRESS	
CITY	STATE	ZIP CODE	TELEPHONE	FAX NUMBER
ACCOUNT NUMBER			EMAIL ADDRESS	

## TRADE REFERENCES

NAME				
ADDRESS			CITY	
STATE	ZIP CODE	TELEPHONE	CONTACT	FAX NUMBER
ACCOUNT NUMBER			EMAIL ADDRESS	

NAME				
ADDRESS			CITY	
STATE	ZIP CODE	TELEPHONE	CONTACT	FAX NUMBER
ACCOUNT NUMBER			EMAIL ADDRESS	

NAME				
ADDRESS			CITY	
STATE	ZIP CODE	TELEPHONE	CONTACT	FAX NUMBER
ACCOUNT NUMBER			EMAIL ADDRESS	

## OWNER/OFFICER INFORMATION

NAME			TITLE
HOME ADDRESS			CITY
STATE	ZIP CODE	HOME TELEPHONE	SOCIAL SECURITY NUMBER

NAME			TITLE
HOME ADDRESS			CITY
STATE	ZIP CODE	HOME TELEPHONE	SOCIAL SECURITY NUMBER

Terms of sale are NET 30 days from the date of invoice. If payment is past due, the unpaid balance will be increased by 1.5% per month. Continuous late payment will result in a loss of credit with SERVICE CHAMP. Any check returned by the bank as unpaid will carry a \$25 charge. If the account is listed with a collection agency or attorney to obtain payment, the applicant is liable for all expenses including reasonable attorney's fees.

The undersigned grants permission to SERVICE CHAMP to access the above credit information to establish credit on this account. If this application is approved and credit extended, the applicant shall be deemed to have agreed to the terms and conditions listed. The undersigned further agrees to personally guarantee payment in full to Service Champ of all amounts hereafter owed.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

## SALES TAX EXEMPTION CERTIFICATE MULTI-JURISDICTION

ISSUED TO <b>Service Champ LP</b>		ADDRESS <b>180 New Britain Blvd., Chalfont, PA 18914</b>	
I CERTIFY THAT	NAME OF FIRM		IS ENGAGED AS A REGISTERED <input type="checkbox"/> Wholesaler <input type="checkbox"/> Retailer <input type="checkbox"/> Manufacturer <input type="checkbox"/> Leasor (*See note on reverse side.)
	STREET ADDRESS OR P.O. BOX		
	CITY	STATE      ZIP CODE	
is registered with the below listed states and cities within which your firm would deliver purchases to us and that any such purchases are for wholesale, resale, ingredients or components of a new product to be resold, leased, or rented in the normal course of our business. We are in the business of wholesaling, retailing, manufacturing, leasing (renting) the following:			
CITY OR STATE	STATE REGISTRATION OR ID NO.	CITY OR STATE	STATE REGISTRATION OR ID NO.
CITY OR STATE	STATE REGISTRATION OR ID NO.	CITY OR STATE	STATE REGISTRATION OR ID NO.
CITY OR STATE	STATE REGISTRATION OR ID NO.	CITY OR STATE	STATE REGISTRATION OR ID NO.
I further certify that if any property so purchased tax free is used or consumed by the firm as to make it subject to a Sales or Use Tax, we will pay the tax due direct to the proper taxing authority when state law so provides or inform the seller for added tax billing. This certificate shall be part of each order which we may hereafter give to you, unless otherwise specified, and shall be valid until cancelled by us in writing or revoked by the city or state.			
GENERAL DESCRIPTION OF PRODUCTS TO BE PURCHASED FROM SELLER			
Under penalties of perjury, I swear that the information on this form is true and correct as to every material matter.			
AUTHORIZED SIGNATURE (OWNER, PARTNER, OR CORPORATE)		TITLE	DATE
ACCOUNT NUMBER	SALESPERSON	APPROVED BY	DATE
			TERMS CODE
			CREDIT LIMIT