

SUZO HAPP CREDIT APPLICATION

1743 Linneman Rd Mount Prospect, IL 60056 Phone: 847-593-6130 Suzo-Happ Credit Dept. Fax: 847-952-5931

If you do not have an account with SUZO-HAPP and a NET 30 OPEN ACCOUNT is desired, complete this credit application in full and submit for our processing along with your order. Or fax directly to our Credit Department at 847-952-5931.

Please complete this form in full. If any required information is missing, the application will not be processed.

REQUEST FOR NET 30 OPEN ACCOUNT

DATE _____

NEW CUSTOMER PRESENT CUSTOMER

CUSTOMER NO. _____

TAX EXEMPT? YES NO

SALES EXEMPTION CERTIFICATE _____
(Please fax or send a copy of your Tax Certificate for our files)

BILL TO (Attention) NAME _____

SHIP TO (Attention) NAME _____

ADDRESS _____

ADDRESS _____

PHONE () _____

FAX () _____

E-MAIL _____

WEBSITE _____

F.E.I.N. or SOCIAL SECURITY NO. _____

A/P Contact Name _____

E-MAIL _____

PHONE () _____ Ext. _____

FAX () _____

BANK INFORMATION

If you would like a Monthly Statement please indicate method:

Email Fax Mail

BANK NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____
(Exact address or closest intersecting street)

NAME OF BANK OFFICER TO CONTACT _____ PHONE () _____

CUSTOMER PERMISSION FOR BANK TO GIVE REFERENCES TO SUZO-HAPP:

SIGNED _____

BUSINESS CHECKING ACCT NO. _____

TITLE _____

HOW LONG IN BUSINESS? _____

BANK FAX NO. _____

NUMBER OF EMPLOYEES _____

CORPORATION PARTNERSHIP PROPRIETORSHIP OTHER, EXPLAIN _____

NAME OF OFFICER, PARTNER, OR OWNER: _____ D & B _____

TRADE REFERENCES (U.S. ONLY)

COMPANY NAME _____ ADDRESS _____
(Include City & State)

ACCT NO. _____ FAX _____ PHONE () _____

COMPANY NAME _____ ADDRESS _____
(Include City & State)

ACCT NO. _____ FAX _____ PHONE () _____

COMPANY NAME _____ ADDRESS _____
(Include City & State)

ACCT NO. _____ FAX _____ PHONE () _____

COMPANY NAME _____ ADDRESS _____
(Include City & State)

ACCT NO. _____ FAX _____ PHONE () _____

YOUR NAME (Please Print) _____

YOUR SIGNATURE _____ TITLE: _____ DATE _____

Please allow 2 weeks for processing of Credit Application.

Fax to Suzo-Happ Credit Dept. (847) 952-5931

APPROVED NET 30 YES NO

OFFICE USE ONLY

DATE: _____ CREDIT MANAGER: _____