

Sales Systems Limited
700 Florida Avenue
Portsmouth, VA 23707

CREDIT APPLICATION

ALL CREDIT INFORMATION WILL BE HELD STRICTLY CONFIDENTIAL

NAME _____ PHONE _____

TRADING AS _____ FAX _____

BILL TO ADDRESS _____

CITY _____ STATE _____ ZIP _____

SHIP TO ADDRESS _____

CITY _____ STATE _____ ZIP _____

PRESIDENT/OWNER _____ YEARS IN BUSINESS _____

PRINCIPAL BUSINESS ACTIVITY _____

DO YOU REQUIRE A PURCHASE ORDER NUMBER? YES _____ NO _____

SALES TAX EXEMPT NUMBER _____

(Tax will be charged until certificate received)

BANK REFERENCE

BANK _____ PHONE _____

ADDRESS _____ FAX _____

CITY _____ STATE _____ ZIP _____

TRADE REFERENCES

NAME _____ NAME _____

ADDRESS _____ ADDRESS _____

CITY,STATE,ZIP _____ CITY,STATE,ZIP _____

PHONE _____ PHONE _____

FAX _____ FAX _____

NAME _____ NAME _____

ADDRESS _____ ADDRESS _____

CITY,STATE, ZIP _____ CITY,STATE,ZIP _____

PHONE _____ PHONE _____

FAX _____ FAX _____

I (we) agree to pay for all goods purchases within thirty (30) days of receipt of order. If collection procedures become necessary, I (we) agree to pay court costs and 20% attorneys' fees.
A finance charge of 1-1/2% per month (18% APR) may be added to past due accounts.

SIGNATURE _____ TITLE _____ DATE _____

(Please fax application to 757-393-3669)