

CREDIT APPLICATION

All sections must be completed in order to process the application, including signatures in Sections 4 and 7.

TERRITORY # 264	GROUP AFFILIATION:	
SALES REP Cannon Marketing	CO. PUBLICLY TRADED?	CIRCLE ONE YES NO TICKER SYMBOL:
	REQUESTED PAYMENT TERMS:	
Circle <u>all</u> that apply: Container Cust Dist Ctr Cust	\$ CREDIT LINE REQUESTED:	
SPECIAL REQUESTS AND/OR CONSIDERATIONS:		

SEC 1: APPLICATION FOR CREDIT BEING MADE BY (Please Print)			
COMPANY APPLYING:		FEIN/SSN#:	
CORPORATE ADDRESS:		DUNS #:	
CITY, STATE, ZIP:		# OF LOCATIONS:	
ACCOUNTING CONTACT NAME:		CONTACT PHONE #:	
ACCOUNTING CONTACT TITLE:		EXTENSION:	
ACCOUNTING E-MAIL ADDRESS:		CONTACT FAX #:	

SEC 2: FOLLOWING MUST BE PROVIDED & WILL BE HELD IN UTMOST OF CONFIDENCE:	
Company applying is a: <input type="radio"/> CORPORATION <input type="radio"/> PARTNERSHIP <input type="radio"/> INDIVIDUAL <input type="radio"/> LLC:	
Incorporation Date:	State of Incorporation:
Principal Name(s)	
Title(s)	
Complete Address:	Telephone Number:
	Email Address:
Sales Contact:	Telephone Number:
Fax:	Email Address:

SEC 3: BANK INFORMATION	
Bank Name:	Phone Number:
Bank Address:	Email Address:
Bank Contact	Fax Number:

SEC 4: ONLINE ORDERING INFORMATION	
Username:	
Preferred Password:	

I CERTIFY THAT THE INFORMATION CONTAINED ON THIS FORM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I ALSO AUTHORIZE AND GRANT PERMISSION TO SEMPERMED USA, INC. TO OBTAIN FROM ANY CREDIT SOURCE OR AGENCY LISTED ABOVE COMPLETE CREDIT INFORMATION AS IT PERTAINS TO THIS APPLICATION FOR CREDIT.

SIGNED: _____	TITLE: _____
(Print Name Here) _____	DATE: _____

