



Visa and Mastercard Available

CREDIT APPLICATION

SFS Group USA Inc. 1045 Spring Street
Wyomissing, PA 19610

Phone: 610-376-5751

Fax: 610-375-3917

world leader in innovation, service and quality

Customer Name			Date
Mailing Address	City	State	Zip Code
Street Address	City	State	Zip Code
Telephone	Fax No.	Years Established	Tax Exempt # ATTACH COPY OF CERTIFICATE TO QUALIFY FOR EXEMPTION
Type of Business	Corporation <input type="checkbox"/>	Partnership <input type="checkbox"/>	Proprietorship <input type="checkbox"/>
State of Incorporation	Date		

Principal Officers	Address	Telephone
Owner/President		
Chief Financial Officer		
Accounts Payable		

PLEASE NOTE-ONLY INCLUDE FAX NUMBERS FOR BANK AND TRADE REFERENCES

Bank Reference	Account Numbers	Address	FAX
Name			
Account Officer/Contact			

Trade References	Address	Fax
1		
2		
3		

***Terms Net 30 Days		Approximate Monthly Credit Requested \$ _____
I understand that SFS Group USA Inc. terms are net 30 days with the exception of Nvelope product that has its own term of 50% down and the balance due thirty (30) days after shipment. I understand the information furnished on this application is for the purpose of obtaining credit, and that I am authorized in my capacity to bind my firm accordingly, that all accounts or monies shall be due and payable to SFS Group USA Inc. An additional two percent (2%) service charge or the maximum amount permitted by applicable state law, whichever is lower may be charged to all accounts not paid within thirty (30) days from the date of invoice. In the event of nonpayment of debt, I agree to pay all costs and expenses including attorney's fees and court costs, incurred by SFS Group USA Inc.		
Owner/Corporate Officer Signature Required	Name and Title	Date

This Credit Application must be filled in completely before credit will be extended. Thank you for your interest in SFS Group USA Inc.

FOR OFFICE USE ONLY

Date Opened	Salesman	Customer Number
Service Center		Territory