

75 Mill Street
 Colchester, Connecticut 06415
 Voice: (800) 243 9232
Fax Completed Credit Application to:
 (877) 846 1352
 or mail to the above address



APPLICATION FOR CREDIT

Below is the information we will need to process your application for credit with S&S Worldwide for your business.

Customer's Official (Corporate) Name	_____	Tel. #	_____	Fax #	_____
Corporate Office	_____			State	_____
Address	_____	City	_____	ZIP	_____
Finance Officer or Controller's Name	_____	Tel #	_____	Fax	_____
		Tel. #	_____	Fax #	_____
D/B/A Name	_____				
Address	_____	City	_____	State	_____
				Zip	_____

Billing Information (Telephone and Fax #s required)

Name:	_____	Attention of :	_____	Title:	_____
Address:	_____	Telephone #	_____		
City:	State:	Zip	Fax #	Email Address	_____

Shipping Information:

Name:	_____				
Address:	_____	Telephone #	_____	Email Address	_____
City	State:	Zip	Fax #		

Please indicate if Organized as: Sole Proprietorship [] Partnership [] Corporation []

Principals

Name:	_____	Title:	_____		
Name:	_____	Title:	_____		
Location & Year in Business	_____	If Corporation:	_____		
		Year of Incorporate:	_____	State	_____
Principal Stockholder's Name	_____				

Nature of Business

(Please attach a current Financial Statement, if available)

Credit Line Requested: \$ _____ Projected Sale: \$ _____
(If Sales Tax-Exempt, a copy of sales tax exempt certificate must be provided before any order can be processed)
 Sales Tax Exempt Organization: Yes [] No [] Federal ID Number _____
 Resale Certificate # _____

Trade References

1. Name of Business	Address	Tel #
_____	_____	_____
Contact Person		Fax # (REQUIRED)
_____	_____	_____
2. Name of Business	Address	Tel #
_____	_____	_____
Contact Person		Fax # (REQUIRED)
_____	_____	_____
3. Name of Business	Address	Tel #
_____	_____	_____
Contact Person		Fax # (REQUIRED)
_____	_____	_____

Please list the two banks and financial companies with which you do the most business and COMPLETE the bank authorization release for each institution

1. Bank's Name & Address	Phone & Fax (Required)	Contact Person:
_____	P- _____	_____
_____		Account #
	F- _____	_____
2. Bank's Name & Address	Phone & Fax (Required)	Contact Person:
_____	P- _____	_____
_____		Account #
	F- _____	_____

Bank Authorization Form

For: (your company name) _____
 I hereby authorize (bank name) _____

To release information to S&S Worldwide for the purpose of considering the establishment of trade credit.
 Name of Bank Account: _____ Bank Account #: _____

Authorized Person (Print) _____ Signature _____ Date: _____

NOTE: Please be sure to complete a Bank Authorization form for each reference
TERMS, CONDITIONS and AGREEMENT

S&S Worldwide, Inc: Credit Net Term = 30 Days: Payment of invoice must be received within 30 days from date of issuance. Non Payment of Invoice: S&S Worldwide reserves the rights to pursue payments of unpaid and past due invoices by taking legal measures including, but not limited to, referral of all unpaid invoices to an outside collection agency and/or attorney. All legal costs and fees incurred during the collection process will be the responsibility of the Debtor and/or Applicant.

Completed by (Applicant): _____ **Title:** _____ **Date:** _____