## Request for New Customer Profile / Credit Application



Company Contact Info	<u>rmation</u>									
Operating Company Nam	ne:									
egal Company Name: (if	different than	above)								
Delivery Street Address:		,	Cit	y:		Sta	ate:		Zip:	
hone Number:					*Fax Numbe	er:				
axable / Non-Taxable	Information	<u></u>				,				
your company is non-ta ttps://comptroller.texas.	•		clude a copy	y of yo	ur Texas Sales	s and Us	e Tax Resale	Certifica	te.	
Taxable Non-Taxable			e Tax Resale Number							
illing Information						-				
ika Industrial Sales, LLC p hat they will be delivered o contact us.										
ccounts Payable Contact Name:			Accounts Payable Ph			le Phone	Number:			
ccounts Payable E-mail	Address:									
usiness Credit and Ba	ınk Informati	<u>ion</u>								
ame On Bank Account:			Name Of Bank:							
ddress:			City		Sta	nte		Zip		
Account Contact:			Phone:			Co	Contact E-mail:			
rade References										
ompany Name: Com			mpany Name:				Company Name:			
ddress:		Address					Address:			
City	te:	City		Sta	nte:		City		State:	
hone:		Phone:					Phone:			
-mail:		e-mail:					e-mail:			
. All invoices are due no . All invoices over 40 da . Claims arising from invo . By submitting this appl	ays will be ass oices must be	essed a 1.5% made within 7	<b>monthly se</b> days of rece	<b>rvice o</b> ipt of i	t <b>harge.</b> nvoice.	s to make	e inquiries ir	nto the h	anking	and husiness

- trade references that you have supplied. 5. E-mail completed form as an attachment to tdavis@sikasales.com
- Signature:\_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_