



SERVICE INDUSTRIAL SUPPLY
QUALITY & SERVICE FIRST
CONSTRUCTION, INDUSTRIAL
& MARINE SUPPLIES

www.SIStool.com | (843) 881-9664 | sales@SIStool.com

Customer Credit Application

Company Name

Street Address

City County State ZIP

Bill to Address

Phone # Fax #

Payable Contact Name

Phone # Fax #

Email address

Local Delivery Address (if different from above)

PO # Required Job # Required Line of Credit Requested

IF TAX EXEMPT PLEASE FAX A COPY OF TAX-EXEMPT FORM.

****OUR TERMS ARE NET 30**** Orders will not be processed for delivery with payables over 45 days. Please have a company owner/officer sign below accepting these terms.

****Applications not signed will not be processed****

Signature/Title:

TRADE REFERENCES

Please provide at least 3 references

*****MUST INCLUDE FAX # OR EMAIL*****

COMPANY

PHONE NUMBER

FAX NUMBER/ EMAIL

BANK REFERENCE

Name Account Number

Contact Phone Number

Fax Number

****ALL INVOICES ARE FAXED OR EMAILED**** Please provide a fax number or email address to receive invoices. Monthly statements will be emailed if requested.

WE APPRECIATE THE OPPORTUNITY TO SERVE YOUR COMPANY. IF YOU SHOULD HAVE ANY QUESTIONS PLEASE FEEL FREE TO CONTACT US AT THE ABOVE PHONE NUMBER. PLEASE SUBMIT YOUR APPLICATION TO christine@sistool.com. THANK YOU!