

# Credit Application



## It's Easy To Open Your SealMaster® Account...

Enjoy the convenience of purchasing SealMaster pavement products with 30 day credit terms.  
Simply print, fill out this form, and mail to: **SealMaster, P.O. Box 2277, Sandusky, OH 44871-9824**

Trade Name/Legal Business Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

\_\_\_\_\_ Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Proprietorship Social Security # \_\_\_\_\_

Type/Nature of Business: \_\_\_\_\_ Established in: \_\_\_\_\_

In above business since: \_\_\_\_\_ At above address since: \_\_\_\_\_

Number of Employees: \_\_\_\_\_ Credit Limit Desired: \_\_\_\_\_

FED ID #: \_\_\_\_\_

The principal officers - partners are:

NAME	HOME ADDRESS/PHONE	TITLE
_____	_____	_____
_____	_____	_____

### TRADE REFERENCES:

Name: _____	Name: _____
Address: _____	Address: _____
City/State: _____	City/State: _____
Phone: _____	Phone: _____
Fax: _____	Fax: _____
Contact: _____	Contact: _____

### BANK REFERENCE:

Name of Bank: \_\_\_\_\_ Contact: \_\_\_\_\_

Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_ Account #: \_\_\_\_\_

Savings: \_\_\_\_\_ Checking: \_\_\_\_\_

### FINANCIAL RESPONSIBILITY

In consideration of the extension of credit to your company, the undersigned agree(s) to be personally responsible for such indebtedness, as may be incurred from time to time, together with collection costs and reasonable attorney's fees. I (we) hereby certify the information provided SealMaster is true and correct to the best of my (our) knowledge and authorize the release of information on this account to SealMaster for the purpose of extending credit.

Signature: \_\_\_\_\_ Print: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Print: \_\_\_\_\_ Date: \_\_\_\_\_