CREDIT APPLICATION

Samuel, Son & Co. (USA) Inc.
580 Kirts Blvd., Suite 300
Troy, MI 48084
248-434-0400 Phone
248-434-0419 Credit Fax

PLEASE NOTE: Samuel, Son & Co. (USA) Inc. ("Samuel") reserves the right to deny any credit requested on this application or to amend any existing credit arrangement(s) at its sole discretion.

Customer Legal Name ***(hereinafter "Customer")***		Trade Name ***(DBA)***	
Billing Address ***(Include City, Province/State, Postal/Zip Code and County)***			
		Minority Company	
Shipping Address ***(Include City, Province/State, Postal/Zip Code and County)***			
Telephone Number		Fax Number	
Parent Company (If applicable)		Years in Business	
Federal Tax ID#	Sales Tax ID#	Sales Tax Exemption Number ***Include copy of certificate***	

Samuel Business Unit	Samuel Sales Representative	Email Address for Invoices:
Accounts Payable / Name:	**Phone No:**	**Email:**

OWNERS ***(Complete for each owner / shareholder / member or partner / Attach additional pages as needed).***

Name:	**Title:**	**% of Ownership**
Name:	**Title:**	**% of Ownership**

BANK REFERENCE(S)

BANK NAME / BRANCH ADDRESS ***(City, Province/State, Postal/Zip Code):***	**Contact Name:**	**Email Address:**
BANK ACCOUNT AND TRANSIT NO.	**Contact Phone No.**	**Contact Fax No.**

SUPPLIER / TRADE REFERENCES

Company Name	Telephone No.	Fax No.	Email Address:

The undersigned hereby authorizes the Trade References and Banking Institution to provide information to Samuel for the purpose of establishing credit both now and in the future.

By signing this application, Customer agrees to the Conditions of Sale and Terms of Payment – Samuel, Son & Co. (USA) Inc. as may be amended from time to time that are publicly posted on Samuel's website: (www.samuel.com/terms/usa).

Authorized Signature:	**Date:**
Print Name:	**Title/Position:**