



SUPERIOR EXTRUSION, INC.

Please Mail or Email to: Superior Extrusion, Inc. 118 Avenue G • Gwinn, Michigan 49841 Phone (906) 346-7308 • Email: Accountsreceivable@superiorextrusion.com

Application For Credit

Corporation [ ] Partnership [ ] Limited Liability Company [ ] Sole-Proprietorship [ ] Other (explain) [ ]

Date: Fed. I.D. No.

Company Name:

Billing Address: (Street) (P.O. Box) (City) (State) (Zip)

Telephone Number: Fax Number:

Email:

Accounts Payable - Name: Phone:

Accounts Payable - Email:

List the following: Corporate Officers, Individual Owner\*, or Partners\*

Table with 5 columns: Name, Title, \*Home Address, \*Social Security Number, \*Date of Birth

(\* ) Necessary if Individual Owner or Partner

Please list any other trade names used

Purchase Order Required? Yes [ ] No [ ] Estimated Purchases: Monthly \$ Yearly \$

Estimated monthly/yearly requirement in pounds

Desired Credit Limit: \$

Desired Pricing: Order Date [ ] Ship Date [ ] (See definitions located in section 2. of "SEI Terms and Conditions of Sale")

Are you a defendant in any suits or legal actions? Yes [ ] No [ ] If yes, please explain on the back of this form.

Have you declared bankruptcy in the last 14 years? Yes [ ] No [ ] If yes, please explain on the back of this form.

Are you Sales Tax exempt? Yes [ ] No [ ] Sales Tax Exempt Number

(Please attach a copy of your exemption certificate. Applicable taxes will be charged until certificate is received)

Type of business Number of years in business

BANKING INFORMATION: Please complete the "Bank Credit Reference and Authorization Form" (see page 2).

TRADE REFERENCES: (Please list four trade references, two of which are aluminum or metal suppliers):

Table with 4 columns: Name, Address (Include City, State, and Zip), Email, Telephone

I hereby authorize Superior Extrusion, Inc. to investigate our firm's credit record and for the above-listed references to release information and/or report their findings, as appropriate, regarding our firm's performance of this Agreement.

By: (Signature) (Title) (Date)

**BANK CREDIT REFERENCE AND AUTHORIZATION TO OBTAIN CREDIT INFORMATION**

(Bank Name)		( Street Address)	
(P.O. Box)	(City)	(State)	(Zip)
(Name of Bank Officer)		(Telephone)	(Email)
(Customer/Company Name)		(City)	(State) (Zip)
(Account #)	(Account #)	Bank Borrowings? <input type="checkbox"/> Yes <input type="checkbox"/> No    Secured _____ Unsecured _____	

**All sales by Superior Extrusion, Inc. are subject to its standard terms and conditions.**

The undersigned, hereafter referred to as Obligor, understands and acknowledges that credit may be extended to the undersigned by Superior Extrusion, Inc. (SEI) and the invoice terms of SEI, hereafter referred to as Creditor, absent other terms agreed to and stated on each invoice, require payment Net 30 days following the date of invoice. Obligor further agrees that past due balances shall be assessed a finance charge of 1.5% per month or 18.0% per annum on the unpaid balance. If any indebtedness due and owing is not paid as agreed, the undersigned agrees to pay to Creditor a reasonable attorney’s fee or the actual attorney fees paid by Creditor to its attorney, whichever is greater, plus all costs of collection and all other costs and expenses which may be incurred by Creditor relative to collection of the indebtedness due and owing whether suit be instituted or not if Creditor employs an attorney or other outside agency to collect the indebtedness due and owing. All invoices, statements, and debts due and payable to SEI are due and payable at 118 Avenue G, Gwinn, Michigan 49841. Should suit be instituted for any indebtedness due and owing to SEI the undersigned consents to venue in Marquette County, Michigan. The undersigned KNOWINGLY, VOLUNTARILY, AND INTENTIONALLY WAIVES THE RIGHT TO A TRIAL BY JURY. The parties further agree that the waiver of trial by jury is a material inducement for Creditor to extend credit to the undersigned.

**SUPPLEMENTAL INFORMATION:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**I hereby authorize my bank to release information to Superior Extrusion, Inc. and, if credit is approved, I agree to SEI’s standard terms and conditions, part of which are stated above.**

**By:** \_\_\_\_\_  
 (Printed Name) (Title)

**By:** \_\_\_\_\_  
 (Signature) (Date)

**FOR SEI USE ONLY – DO NOT WRITE BELOW THIS LINE**

Credit: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	Date Approved:	Credit Limit:
Authorized SEI Representative:		