



Superior Building Products Inc

1058 Pacific St, Brooklyn, NY 11238

Phone: (917) 325 – 9124

Email: sbp.superior@gmail.com

Credit Application

Date _____

Legal and Registered Business Name _____

Address _____

City _____ State _____ Zip Code _____

In business since _____ Phone _____

Years at this address _____ Fax _____

Person to contact for payment _____ Phone _____

Email address to send invoices to _____ OR Mail _____ Fax _____

Type of Business: Corporation Proprietorship Partnership Other

Tax ID Number _____

Owner(s) or Principal(s)

Name _____

Title/function _____

Name _____

Title/function _____

Type of Account Requesting: Net 30 Cash/Check On Delivery (C.O.D)

Amount of Credit Requesting: _____

For Net 30 Terms of Sale: 1% monthly finance charge on past due balances

Credit References:

Bank _____ Acct # _____
Address _____ Fax/Email _____

Company Name _____ Phone _____
Address _____ Fax/Email _____

Company Name _____ Phone _____
Address _____ Fax/Email _____

Company Name _____ Phone _____
Address _____ Fax/Email _____

Company Name _____ Phone _____
Address _____ Fax/Email _____

We certify that the information on this form is correct. We fully understand your credit terms and agree to the proper payment in consideration of extended credit. We authorize you to contact the above listed references and bank to verify credit information. In the event of default of payment, and our account is placed with a collection agency or attorney, we agree to pay all cost of collection. If our delinquent account is placed with an attorney. We agree to pay all costs incurred in the collection together with attorney's fees in an amount equal to 25% of such unpaid balance, or the maximum amount permitted by law if less than 25%.

Signed _____

Date _____

The person signing this must be an owner or principal of the applicant.

Print name: _____

Title _____