

CREDIT APPLICATION AND AGREEMENT

CUSTO	OMER INFORMATION		
Compa	ny Name (include DBA, if any):	:	
Addres	S:		
Entity Type (check one):			State of Incorporation or Formation:
☐ Corporation			Year Established:
☐ Limited Liability Company (LLC)			Number of Employees:
☐ General Partnership or Limited Partnership (GP/LP/LLP)			Estimated Annual Sales:
☐ Sole Proprietor or Individual			Website:
Federal Tax ID Number (EIN or SSN):			DNB Number (Duns and Bradstreet):
TRADE	REFERENCES WITH CREDI	Т	
	Company Name:		
#1	Contact Name:		Contact Email:
	Contact Phone:		Contact Fax:
	Company Name:		
#2	Contact Name:		Contact Email:
#2	Contact Phone:		Contact Fax:
			- Contact i da
"0	Company Name:		Outside Free 7
#3	Contact Name:		Contact Email:
	Contact Phone:		Contact Fax:
any source	ce, on an ongoing basis, for the purp	oose of obtaining and maintaining credit.	(together, "SS Continental") to obtain any information considered necessary, from
immediat	ely due and payable. SS Continenta	erminate credit availability at any time for a al also reserves the right to collect paymen	any reason without demand or notice and require that all outstanding balances becom t for any shipment prior to arrival or departure even when there is credit available.
		oject to a 1.5% monthly finance charge. In ttorney's fees, court costs and interest.	any dispute involving monies owed by Customer, SS Continental shall be entitled to
guaranty	and shall remain effective until writt	uarantor for any and all sums of money o en notice of revocation is delivered by cert otices which the guarantor may be entitled.	wed by Customer to SS Continental. This payment guaranty shall be a continuing ified mail. The undersigned expressly waives all notice of acceptance of this guarantee
of liability	and is incorporated herein by refer	ots SS Continental's "Terms and Conditions rence. SS Continental's "Terms and Cond	
			olication are true and correct. I also agree to all the terms and conditions set forth above
Authorized Signature:			Title*:
Printed Name:			Date:
* Authoriz	ed Signer must have one of the followi	ing Titles has ad on entity type:	
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<u>Corporation:</u> President; Vice President; Treasurer; Corpo <u>Limited Liability Company:</u> Manager for manager-managed LLC; Memb <u>General Partnership or Limited Partnership:</u> General Partner Sole Proprietorship or Individual: Owner			orate Secretary; General Counsel; CEO; COO; CFO; CIO; Chairman per for member-managed LLC
INTER	NAL USE ONLY		
			Conditation to and Towns
Approved By (Signature):			Credit Limit and Term:
Approval Date:			Salesperson:



BANK RELEASE AUTHORIZATION				
#1	Bank Name:			
	Bank Address:			
	Account Number:	Credit Line Account Number (if any):		
	Bank Contact Name:	Bank Contact Email:		
	Bank Contact Phone:	Bank Contact Fax:		
	Bank Name:			
	Bank Address:			
#2	A constant Nitrock on	Cradit Line Assount Number (if any)		
#2	Account Number:	Credit Line Account Number (if any):		
#2	Bank Contact Name:	Bank Contact Email:		
#2				

I, the undersigned, hereby authorize the above-named banking institutions to release credit information to SS Continental. I am requesting that the above-named banking institutions complete the form below in its entirety at your earliest convenience and return directly to SS Continental.

Authorized Signature:	Title:
Printed Name:	Date:

DO NOT WRITE BELOW THIS LINE

FOR BANK USE ONLY				
Date Account Established:	Current Account Balance:			
Average Account Balance:	Loan or Credit Line Balance (if any):			
Comments:				
Completed By:	Job Title:			
Signature:	Date:			