



BUSINESS CREDIT APPLICATION

CONTACT INFORMATION	
YOUR NAME	TITLE
EMAIL	PHONE

BUSINESS INFORMATION AS REGISTERED			
COMPANY NAME			
ADDRESS		PHONE	
CITY	STATE	ZIP CODE	
LENGTH OF TIME AT CURRENT ADDRESS: _____ YEARS _____ MONTHS			
TYPE OF BUSINESS : SOLE PROPRIETORSHIP PARTNERSHIP LLC CORPORTATION OTHER			

BANK INFORMATION			
BANK NAME		CONTACT NAME	
PHONE		EMAIL	
ADDRESS		TITLE	
CITY	STATE	ZIP CODE	
TYPE OF ACCOUNT		ACCOUNT NUMBER	
<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other			

BUSINESS REFERENCES
Please provide us a minimum of three other companies your business has established credit with previously

1 COMPANY		CONTACT NAME	
PHONE		EMAIL	
ADDRESS		TITLE	
CITY	STATE	ZIP CODE	
COMMENTS			

2 COMPANY		CONTACT NAME	
PHONE		EMAIL	
ADDRESS		TITLE	
CITY	STATE	ZIP CODE	
COMMENTS			

BUSINESS REFERENCES
Continued from previous page ...

3 COMPANY		CONTACT NAME	
PHONE		EMAIL	
ADDRESS		TITLE	
CITY	STATE	ZIP CODE	
COMMENTS			

4 COMPANY		CONTACT NAME	
PHONE		EMAIL	
ADDRESS		TITLE	
CITY	STATE	ZIP CODE	
COMMENTS			

CREDIT AGREEMENT
<ol style="list-style-type: none"> 1. We understand that we must notify Soosan USA, Inc., in writing of any change in ownership, the name of business or structure of the business under which credit is established. 2. We authorize you to verify the above information and / or obtain additional information by securing data from a credit reporting agency. 3. We are aware that Soosan USA’s normal billing terms are net-30 day from the date of invoice and all past due balances will be subject to a 1.5% per month service charge. 4. Open orders may be held in the event of our existing credit limit is exceeded or in the event we fail to pay invoiced within terms. 5. Should we exceed our credit limit or this account becomes past due, we understand that Soosan USA, Inc has the right to refuse or cancel any orders until the account is satisfied in full. 6. We also understand that Soosan USA, Inc has the right to take any necessary steps to collect this account. 7. In the event of default and this account is turned over to an agency and / or attorney for collection, the undersigned agrees to pay all reasonable attorney fees, and / or costs of collection whether or not suit is filed.



SOOSAN USA, INC.
1261 Wiley Rd Unit B
Schaumburg, IL 60173
Tel (847) 744 5982 | Fax (847) 890 6728

We certify that the information provided to Soosan USA is true and correct and we agree to pay this account in accordance with your credit terms.

COMPANY REPRESENTATIVES

1 | SIGNATURE

TITLE

NAME

DATE

2 | SIGNATURE

TITLE

NAME

DATE

NOTES & COMMENTS