



Return Completed Application to:

Customer Financial Services  
 Email to: CFS@scc-inc.com  
 Fax to: 919-774-3364

**CREDIT APPLICATION**

A copy of your state sales tax certificate must accompany your application. (US Only)

|                       |                     |
|-----------------------|---------------------|
| COMPANY NAME:         | A/P CONTACT:        |
| D/B/A OR TRADE STYLE: | A/P PHONE/EMAIL:    |
| STREET ADDRESS:       | PURCHASING CONTACT: |
| CITY:                 | PURCHASING PHONE:   |
| STATE/PROVINCE:       | CELL:               |
| ZIP/POSTAL CODE:      | EMAIL ADDRESS:      |
| PHONE:                | SHIPPING ADDRESS:   |
| EMAIL:                |                     |

**BUSINESS INFORMATION:**

|                                      |                              |                                      |  |
|--------------------------------------|------------------------------|--------------------------------------|--|
| CORPORATION <input type="checkbox"/> | LLC <input type="checkbox"/> | PARTNERSHIP <input type="checkbox"/> | SOLE PROPRIETORSHIP <input type="checkbox"/> |
| YEAR ESTABLISHED:                    | STATE OF INCORPORATION:      | PUBLIC OR PRIVATELY HELD:            |  |

**OWNERS/OFFICERS INFO: PARTNERSHIPS MUST INCLUDE INFORMATION FROM ALL PARTNERS**

| FULL LEGAL NAME & TITLE | HOME ADDRESS | EMAIL ADDRESS | HOME/CELL PHONE: |
|-------------------------|--------------|---------------|------------------|
|                         |              |               |                  |
|                         |              |               |                  |
|                         |              |               |                  |
|                         |              |               |                  |

**PREMISES:** OWNED  RENTED

**SELL PRIMARILY TO:** RETAIL  WHOLESALE  DISTRIBUTOR

**INDUSTRY:** SIC CODES:

**BANK REFERENCE:**

|                          |                         |        |
|--------------------------|-------------------------|--------|
| BANK NAME:               | CONTACT PERSON:         | PHONE: |
| CHECKING ACCOUNT NUMBER: | SAVINGS ACCOUNT NUMBER: | EMAIL: |
| LENDERS NAME:            | CONTACT PERSON:         | PHONE: |
| LOAN NUMBER:             | LOAN TYPE:              | EMAIL: |

**TRADE REFERENCES: Please do not include utilities, credit lines or leases.**

|                 |          |        |
|-----------------|----------|--------|
| COMPANY:        | CONTACT: | PHONE: |
| ACCOUNT NUMBER: |          | EMAIL: |
| COMPANY:        | CONTACT: | PHONE: |
| ACCOUNT NUMBER: |          | EMAIL: |
| COMPANY:        | CONTACT: | PHONE: |
| ACCOUNT NUMBER: |          | EMAIL: |



**Static Control®**

www.scc-inc.com

**CREDIT APPLICATION**

**INTERNAL USE ONLY**

DATE RECD:

REVIEWED BY:

**BUSINESS TO BUSINESS**

ESTIMATED ANNUAL SALES:

CREDIT LINE REQUESTED:

PO REQUIRED?

EMAIL STATEMENT TO:

FEDERAL TAX ID:

EMAIL INVOICE TO:

CORPORATE CREDIT CARD: (VISA, MC, AMEX accepted)

EXPIRATION DATE:

VAT NUMBER:

DUNS NUMBER:

NUMBER OF EMPLOYEES:

COMPANY WEBSITE ADDRESS:

I hereby represent that I am authorized to submit this credit application on behalf of the company named on the application, and that the information is provided for the purpose of obtaining credit and is warranted to be true. I/We hereby authorize Static Control Components, Inc. to perform any credit investigation deemed necessary to establish and maintain a credit account for the applicant. I/We hereby authorize the reporting of the above-mentioned information to Static Control Components Inc or their designees. I/We hereby acknowledge and agree that all charges incurred after the extension of credit shall be considered due and payable according to the terms on the invoice and that payment shall be made to Static Control Components, Inc. and forwarded to the designated payment address. I/We hereby agree to abide by each of the Static Control terms and conditions set out on all invoices ("terms and conditions") as may be amended from time to time and which are incorporated herein by reference. I/We agree and understand that all collection expenses, including but not limited to collection agency fees, reasonable attorney fees, court costs, filing fees, interest, and service fees may be charged to Me/Us in the event of My/Our default or failure to pay for goods and services provided. I/We agree that Static Control Components, Inc. may charge interest at the maximum rate allowed by law on all past due obligations, in the event of My/Our default or failure to pay for goods and services sold and delivered. I/We represent that neither I/We nor any entities I/We control or are affiliated with have ever been the subject of a lawsuit which involved a claim by a supplier for payment for goods and services delivered. I/We hereby acknowledge receipt of a copy of the current terms and conditions and agree to abide by amendments to these terms and conditions as they are posted on the Static Control website. This agreement shall be governed and construed in accordance with the substantive laws of the State of North Carolina without regard to choice of law provisions.

In compliance with the Fair Credit Reporting Act, this is to inform you that you are authorizing this organization and/or its suppliers to obtain an investigative consumer and/or business profile credit report. You have the right to dispute the information on this report and request additional disclosures provided under section 606§1681d(b) of the fair credit reporting act, and a written summary of your rights pursuant to section 609(c). You may do this by contacting the provider of the information. Please call onecreditsource.com, llc at phone # 1 800 905-9678 and you will be directed to the proper credit reporting agency or assisted in your inquiry. This organization is not allowed to give you a copy of your credit report. You also release from liability any persons involved in the credit investigation.

A facsimile or PDF copy of this document containing the required signatures and maintained in the regular course of business shall be considered for all purposes as the original document.

**SIGNATURE:** \_\_\_\_\_  
(OWNER/OFFICER) I consent to my signature on a facsimile or PDF copy of this document being legally binding.

**DATE:** \_\_\_\_\_

**PRINT NAME:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_