Supply Chain Solutions, Inc.
Finance Department
4607 44th Street SE
Grand Rapids, MI 49512
Fax: 616-554-8932

CONFIDENTIAL CREDIT APPLICATION AND ACKNOWLEDGEMENT OF TERMS

1. Firm's Legal Name _____ Parent Co / Subsidiary of _____

   Doing Business As _____

2. Firm's Address _____
   Street City State/Prov Zip/Postal Code

3. Phone _____ Fax: _____ State of incorp. or registration of partnership ____

4. In Business Since _____ DUNS # _____ Fed. Tax # _____

   Customer Account Number(s) _____

5. We do business as a ☐ Corporation ☐ Partnership ☐ Sole Proprietor ☐ Other _____
   (Describe)

   ☐ Limited Liability Corporation ☐ Limited Partnership

6. Credit amount requested (expected monthly service) $_____

7. Mail invoices to _____ A/P individual _____
   Firm Name

   Address _____
   Street/P.O. Box City State/Prov Zip/Postal Code

   A/P Phone _____ Fax _____ Email: _____

8. Principle Officers:

   A. _____
   Name Title

   B. _____
   Name Title

9. Major Trade References:

   A. _____
   Name Complete Address

   _____
   Phone Fax Account Number Contact Person

   B. _____
   Name Complete Address

   _____
   Phone Fax Account Number Contact Person

   C. _____
   Name Complete Address

   _____
   Phone Fax Account Number Contact Person

10. Bank References:

A. ☐ Checking ☐ Loan ☐ Savings

Name Complete Address

Phone Fax Account Number Contact Person

B. ☐ Checking ☐ Loan ☐ Savings

Name Complete Address

Phone Fax Account Number Contact Person

11. The undersigned ☐ has filed or ☐ has not filed for or been subject of a bankruptcy as a company or an individual.

Has filed ☐ Chapter 7 ☐ Chapter 11 ☐ Chapter 13 Date filed_____

Financial Terms:

1. TERMS ARE NET DUE UPON RECEIPT OR PER CONTRACT.
2. Any past due account is subject to suspension of credit privileges.
3. It is hereby understood and agreed upon that a complete financial and credit investigation will be carried out with conjunction of this application.
4. We certify that the information provided on this application is true and correct.
5. You are a Principle Officer or Duly Authorized Representative of the Company requesting credit terms.

Terms and Conditions of Service:

Customer agrees to terms and conditions of service as outlined on SCS housebill/invoice.

Prepayment Agreement:

If credit is granted the customer agrees and understands that SCS terms are net due upon receipt. The customer further agrees and understands that any past due balance over 30 days beyond SCS payment terms may be subject to a 2.0% late fee. No late fees will be incurred against the customer without the customer first receiving a written intent to charge a late fee from SCS Corporate Credit or Collections Department.

Authorized Signature Print Name

Title Date

Internal use only

SCS Sales Representative _____ SCS Location _____

Credit Requested for:

☐ Domestic ☐ International ☐ Warehousing ☐ Consignment Inventory ☐ Consulting

Leased or Capitalized Items: ☐ Yes ☐ No