



**SMP Corporation**

1 SKC Drive, Covington, GA 30014  
Office: (678) 342-1720 | Fax: (678) 342-1788

**APPLICATION FOR ACCOUNT**

COMPANY NAME \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

IS BUSINESS A CORPORATION? NO  YES  IF YES, WHEN? \_\_\_\_\_ PARENT CO.? \_\_\_\_\_

PRINCIPAL OFFICERS/PARTNERS \_\_\_\_\_

YEAR BUSINESS ESTABLISHED \_\_\_\_\_

DISTRIBUTOR? \_\_\_\_\_ END USER? \_\_\_\_\_ OTHERS? \_\_\_\_\_

ACCOUNTS PAYABLE PERSON \_\_\_\_\_ EXT. \_\_\_\_\_ EMAIL \_\_\_\_\_

APPROXIMATE ANNUAL SALES \_\_\_\_\_ REQUIRED MONTHLY CREDIT \_\_\_\_\_

**BANK REFERENCES \*\***

BANK NAME \_\_\_\_\_ CHECKING \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

CITY, STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE/FAX \_\_\_\_\_

BANK NAME \_\_\_\_\_ CHECKING \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

CITY, STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE/FAX \_\_\_\_\_

**TRADE REFERENCES**

SUPPLIERS NAME \_\_\_\_\_ CONTACT \_\_\_\_\_

CITY, STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE/FAX \_\_\_\_\_

SUPPLIERS NAME \_\_\_\_\_ CONTACT \_\_\_\_\_

CITY, STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE/FAX \_\_\_\_\_

SUPPLIERS NAME \_\_\_\_\_ CONTACT \_\_\_\_\_

CITY, STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE/FAX \_\_\_\_\_

***ALL INFORMATION FURNISHED TO SMP CORPORATION WILL BE KEPT STRICTLY CONFIDENTIAL***

The information given herein is offered as part of a request by the applicant for an extension of credit for commercial use. The information provided is represented by the applicant to be true, correct, and complete. **The undersigned authorizes its banks and other trade creditors to provide Creditor with complete information for the purpose of Credit evaluation.**

I do agree and accept that the credit limit and terms may be changed or withdrawn at the sole discretion of the creditor.

PREPARED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_