

SAGINAW OFFICE SERVICES, INC. CREDIT APPLICATION – PARTNERSHIP APPLICANTS

Company Name: _____

Main Office Address: _____

Phone: _____ Fax: _____

Date Established: _____ Federal ID#: _____

Partners Names, Addresses, Phone Numbers & Social Security Numbers:

Local Business References:

Name	Address	Phone	Fax	Contact Person
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Bank Reference:

Bank Name _____ Account Number: _____

Address: _____

Phone: _____ Fax: _____ Contact Person: _____

CREDIT LIMIT DESIRED: \$ _____

SOS TERMS: Net 10 days.

FOR OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE – PROCEED TO PAGE 2

Approved Credit Limit: \$ _____ Not Approved: _____ Date: _____

Reason: _____

SOS Express Signature: _____

**SAGINAW OFFICE SERVICES, INC. CREDIT APPLICATION –
PARTNERSHIP APPLICANTS**

I HEREBY AUTHORIZE SAGINAW OFFICE SERVICES, INC. TO INVESTIGATE MY CREDIT AND BANKING ACTIVITIES THROUGH PHONE CONVERSATIONS AND FAXING OF THIS FORM TO THE BUSINESSES REFERENCED ON PREVIOUS PAGE.

Signature and Title:

Printed Name and Title:

Printed Company Name:

Date:

VENDOR: PLEASE FILL OUT THIS FORM AND FAX BACK TO SAGINAW OFFICE SERVICES, INC. AT (989) 249-7679 AS SOON AS POSSIBLE.

1. Your Company Name. _____

2. How long has the applicant been a customer with your company?

3. On what credit terms?

4. Highest Balance?

5. Does the applicant consistently pay bills in a timely manner?
