



9996 Joseph James Drive  
 Cincinnati, OH 45246  
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**CUSTOMER BILLING INFORMATION**

Customer Company Name: \_\_\_\_\_

Purchasing Contact Name & Title: \_\_\_\_\_

For Internal Use Only:

Service Location: \_\_\_\_\_ Account Manager: \_\_\_\_\_

**FACILITY INFORMATION:**

Site Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Site Contact Name & Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

EPA ID Number: \_\_\_\_\_ Industry/NAICS Code: \_\_\_\_\_

**BILLING INFORMATION:**

Company Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Accounts Payable Contact Name & Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address or Email to forward invoices: \_\_\_\_\_

Payment Terms: Net 30 Days Standard

How will you issue Purchase Order Numbers for your invoices?

Blanket \_\_\_\_\_ Monthly \_\_\_\_\_ Individual \_\_\_\_\_ Not Required \_\_\_\_\_

Please return completed form with W-9 to [sales@sesinc.com](mailto:sales@sesinc.com).

**SES - R1, LLC**



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### NEW CUSTOMER CREDIT APPLICATION

The undersigned company is applying for credit with SES-R1, LLC and agrees to abide by the general terms and conditions as stated below.

Date of Application: \_\_\_\_\_

Company Name: \_\_\_\_\_

DBA (if different): \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Federal Tax ID or Social Security Number: \_\_\_\_\_

Type of Business: \_\_\_\_\_ No. of Employees: \_\_\_\_\_

Date Business Established: \_\_\_\_\_

Industry or NAICS Code: \_\_\_\_\_

Amount of Credit Requested: \$ \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Are you a:

CORPORATION

State of incorporation: \_\_\_\_\_

Names, titles, and addresses of your three chief corporate officers:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

PARTNERSHIP

Names and addresses of the partners:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

SOLE PROPRIETORSHIP

Are you sales tax exempt?

Yes

No

Have you ever had credit with us before?

Yes

No

If yes, under what name? \_\_\_\_\_



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**Credit References:**

Credit Reference #1      Name: \_\_\_\_\_  
    Address: \_\_\_\_\_  
    Phone: \_\_\_\_\_

Credit Reference #2      Name: \_\_\_\_\_  
    Address: \_\_\_\_\_  
    Phone: \_\_\_\_\_

Credit Reference #3      Name: \_\_\_\_\_  
    Address: \_\_\_\_\_  
    Phone: \_\_\_\_\_

**Bank References:**

Bank Reference #1      Account Number: \_\_\_\_\_  
    Name of Bank: \_\_\_\_\_  
    Contact Person: \_\_\_\_\_  
    Bank Address: \_\_\_\_\_  
    Phone: \_\_\_\_\_

Bank Reference #2      Account Number: \_\_\_\_\_  
    Name of Bank: \_\_\_\_\_  
    Contact Person: \_\_\_\_\_  
    Bank Address: \_\_\_\_\_  
    Phone: \_\_\_\_\_

I represent that the above information is true and is given to induce to extend credit to the applicant. My company and I authorize to make such credit investigation as sees fit, including contacting the above trade references and banks and obtaining credit reports. My company and I authorize all trade references, banks, and credit reporting agencies to disclose to any and all information concerning the financial and credit history of my company and myself.

I have read the terms and conditions stated below and agree to all of these terms and conditions.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

**GENERAL TERMS AND CONDITIONS AND PERSONAL GUARANTEE**

1. All bills become payable in full 30 days from the date of invoice and if not paid within terms are considered past due.
2. No additional credit will be extended to past due accounts unless satisfactory arrangements are made with our credit department.
3. **PERSONAL GUARANTEE:** If the credit customer is a corporation, then those signing this application, whether signing as an officer or not, personally guarantee payment for all items purchased on credit by the corporation.

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