



PO Box 270047 SAN JUAN, PR 00927-0047
 T. 787-409-0035 F. 787-270-0035

SPS Supply Specialists appreciates the opportunity to supply you with its products. In order to avoid delays in shipments or the need to ship products C.O.D., SPS Supply Specialists will extend credit terms of net 30 days to qualified customers. If you wish to open a 30 Day Account, simply complete this application form and return it to our office. Until approval is received, all purchases will be shipped C.O.D., Visa, MasterCard, American Express or Discover. Shipments made C.O.D. to you are not an inconvenience to us, we are just making Open Credit available to you.

Credit applications NOT COMPLETED in full and signed will be RETURNED UNPROCESSED.

COMPANY INFORMATION:

Name of Company: _____ Date: _____
 Street Address: _____ City: _____
 State: _____ Zip Code: _____ Phone Number: _____ Fax Number: _____
 Type of Business: _____ EIN Number: _____
 Year Company Established: _____ Tax Exempt Number: _____
 Merchant Certificate (Please Furnish Copy of Certificate): _____ DUNS® # _____

OWNER(S)/OFFICER(S) INFORMATION:

Circle one of the Following: CORPORATION PARTNERSHIP PROPRIETORSHIP

Name: _____ Social Security: _____
 Street Address: _____ City: _____
 State: _____ Zip Code: _____ Phone Number: _____ Fax Number: _____

Name: _____ Social Security: _____
 Street Address: _____ City: _____
 State: _____ Zip Code: _____ Phone Number: _____ Fax Number: _____

Years Under Current Management: _____

TRADE REFERENCES (COMPANIES THAT EXTEND YOU NET TERMS):

Company Name: _____ Account Number: _____
 Street Address: _____ City: _____
 State: _____ Zip Code: _____ Phone Number: _____ Fax Number: _____

Company Name: _____ Account Number: _____
 Street Address: _____ City: _____
 State: _____ Zip Code: _____ Phone Number: _____ Fax Number: _____

Company Name: _____ Account Number: _____
 Street Address: _____ City: _____
 State: _____ Zip Code: _____ Phone Number: _____ Fax Number: _____

BANK REFERENCE:

Bank Name: _____ Account Number: _____
 Street Address: _____ City: _____
 State: _____ Zip Code: _____ Phone Number: _____ Fax Number: _____
 Contact: _____ E-Mail: _____

PLEASE FAX BACK APPLICATION TO 787-270-0035

APPLICANT MUST READ AND SIGN

I hereby certify that I am duly authorized to make this application and allow verification of the above information. By submitting this application, I authorize SPS Supply Specialists to make inquiries into the banking, credit and business/trade references that I have supplied. I guarantee payment of all bills when due, and acknowledge a delinquency assessment at the maximum allowable interest rate by law until paid; and in the event the account is placed with an attorney for collection or suit of the same is collected through probate or bankruptcy proceedings, then an additional reasonable amount shall be added to the same as attorneys fees. It is understood and agreed that any checks returned to us by your bank shall be charged a service fee; that any account with an N.S.F. check shall be placed on a C.O.D. cash only basis for a probationary period determined by the Credit Department. This guarantee shall be continuing, absolute and unconditional, and shall remain in full force and effect until written notice of its discontinuance is sent by certified or registered mail, return receipt requested and actually received by SPS Supply Specialists and until any and all indebtedness existing before receipt of such notice shall be fully paid.

Name _____ Signature _____ Date _____