



S&P USA Ventilation Systems, LLC

6393 Powers Avenue
Jacksonville, FL 32217
P. 904-731-4711
F. 904-737-8322
www.spvg-northamerica.com

Date: _____
Branch Location? Yes No

COMPANY INFORMATION

Company Name:		Date business established:
Phone:	Fax:	Website:
Physical Address:		# of Employees:
Billing Address:		Form of Ownership:
Name, Title and Phone # of person who makes payment decisions		Parent Company (if any):
Amount of Credit Requested:		Parent Company Address:
		Phone:
		Fax:

CREDIT REFERENCES

Please list name, phone number, fax number, contact & address of four financial references.

1.
2.
3.
4.

COMPANY CONTACTS

Please list names, titles, phone/fax, email address.

President/Owner:		Title:
Phone:	Fax:	E-mail:
Sales Contact:		Title:
Phone:	Fax:	E-mail:
Accounting:		Title:
Phone:	Fax:	E-mail:

AUTHORIZATION

I certify that I am a legally authorized officer/agent for the firm, and attest that the information submitted on this credit application is true and correct. I also certify that the firm is current in its accounts and has no outstanding collection actions pending by any private governmental agency.

In addition, in consideration and to assist in the processing of this request for credit, authorization is given for S&P USA Ventilation Systems, LLC to contact any of the credit references given on this form to access our credit performance. Terms of sale are stated in each price book. Consideration of this application is based on assurances by the applicant all payments will be made in accordance with the published terms of S&P.

SIGNATURES

Seller		Buyer	
(signature)	(date)	(signature of authorized officer/agent)	(date)
(name-print)		(name-print)	
(title)		(title)	

