

SSCOR, Inc.
2125 N. Madera Rd Suite C
Simi Valley, Ca 93065
P: 818-504-4054
F: 818-504-6032
www.sscor.com



Please email completed application and current W-9 to accountsreceivable@sscor.com. Credit applications are usually processed within 3 working days. Incomplete submissions may cause delays in processing.

COMPANY INFORMATION: PLEASE ATTACH COMPANY W-9

TRADE NAME:

DBA:

ADDRESS:

CITY: STATE: ZIP:

PHONE: FAX:

WEBSITE: EMAIL:

TAX ID# NO. OF YEARS IN BUSINESS:

BUSINESS IS: CORPORATION PARTNERSHIP
 SOLE PROPRIETORSHIP LLC

ACCOUNTS PAYABLE CONTACT:

PHONE NUMBER: EMAIL:

*CREDIT AMOUNT REQUESTED:

**Upon Approval. Terms are Net 30 - Payment is due 30 days from invoice date.*

PURCHASING CONTACT INFORMATION:

CONTACT NAME: TITLE:

EMAIL: PHONE:

BANK INFORMATION:

BANK NAME: ACCOUNT #

ADDRESS:

CONTACT PERSON: PHONE: FAX:

TRADE REFERENCES:

COMPANY NAME:

ACCOUNT #

ADDRESS:

FAX:

PHONE:

EMAIL:

COMPANY NAME:

ACCOUNT #

ADDRESS:

FAX:

PHONE:

EMAIL:

APPLICANT AGREES TO PAY COLLECTION FEES PLUS INTEREST IN CASE OF DEFAULT IN PAYMENTS IN COMPLIANCE WITH OUR TERMS. BY SIGNING BELOW, THE APPLICANT CERTIFIES THAT ALL INFORMATION IS CORRECT AND ATTESTS FINANCIAL RESPONSIBILITY, ABILITY AND WILLINGNESS TO PAY THE INVOICES IN ACCORDANCE WITH OUR TERMS.

- **PAYMENT IS DUE 30 DAYS AFTER SHIPMENT OF MERCHANDISE**
- **SSCOR RESERVES THE RIGHT TO PUT THE ACCOUNT ON HOLD DUE TO NONPAYMENT**

SIGNATURE:

NAME:

TITLE:

DATE:

THIS PORTION IS FOR SSCOR, INC. ONLY

APPLICATION APPROVED: YES

NO

LIMIT:

TERM:

SIGNATURE:

NAME:

TITLE:

DATE:

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