



SHERIDAN SUPPLY CORPORATION

VALVES • FITTINGS • INDUSTRIAL EQUIPMENT

DIVISION OF THE TOMPKINS GROUP

CREDIT APPLICATION

PLEASE COMPLETE THE FOLLOWING INFORMATION:

COMPANY INFORMATION

DATE:

TAX ID NUMBER:

COMPANY NAME:

DBA:

SHIPPING ADDRESS:

MAILING ADDRESS:

CITY:

STATE:

ZIP:

CONTACT PERSON (A/P):

PHONE:

FAX:

E-MAIL:

WEBSITE:

YEARS ESTABLISHED:

COMPANY OFFICERS

OFFICERS / OWNERS:

TITLE:

SOCIAL SECURITY #:

OFFICERS / OWNERS:

TITLE:

SOCIAL SECURITY #:

BONDING COMPANY INFORMATION

NAME:

ADDRESS:

PHONE:

FAX:

CONTACT PERSON:

BANK INFORMATION

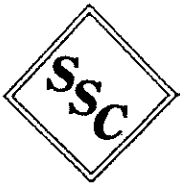
NAME:

ADDRESS:

PHONE:

FAX:

CONTACT PERSON:



SHERIDAN SUPPLY CORPORATION

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BUSINESS REFERENCES (THREE REQUIRED)

1

NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____

ZIP: _____

PHONE: _____

FAX (REQUIRED): _____

CONTACT NAME: _____

ACCOUNT #: _____

2

NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____

ZIP: _____

PHONE: _____

FAX (REQUIRED): _____

CONTACT NAME: _____

ACCOUNT #: _____

3

NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____

ZIP: _____

PHONE: _____

FAX (REQUIRED): _____

CONTACT NAME: _____

ACCOUNT #: _____

See the attached for a full list of terms and conditions of sale. The undersigned hereby agrees to be subject to the payment terms for all invoices and further agrees that payment to Sheridan Supply Corporation is not contingent upon payment to the Buyer. The Buyer also agrees to payment terms of net thirty (30) days from the invoice date and is responsible for payment of a monthly service charge of 1 1/2 % on all past due balances. The Buyer further agrees to pay all costs of collection, including but not limited to, attorneys' fees and court costs.

SIGNED BY: _____

TITLE: _____

INDIVIDUALLY AND AS AN OFFICER OF THE FIRM

DATE: _____

Please initial that you have read the attached terms and conditions: _____

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124-126 Sheridan Avenue • Albany, New York 12210

PH: (518) 434-2138 • FAX: (518) 434-0868

Website: <http://www.sheridansupply.com>