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www.ShiniUSA.com

Credit Application

Company Name _____ Parent Company Name _____

Street Address _____ City _____ State _____ Zip _____

Accounts Payable Contact _____ Telephone # _____ Fax # _____

E-Mail Address _____ Website Address _____ Federal I.D. # _____

Type of Business _____ ENTITY: Corporation Sole Owner Partnership Limited Liability Co.

Year Company Started _____ State of Registry _____ No. of Employees _____ Annual Sales \$ _____

Principals' Names _____ Title _____ Home Telephone # _____ % of Ownership _____

Bank Name _____ Checking Account # _____ Tel # _____ Fax # _____

Trade References _____ City/State _____ Tel # _____ Fax # _____

I hereby authorize any credit history listed above to be released upon my signature.

Signature _____ Title _____

Printed Name _____ Date _____

Please attach last Income Statement and Profit & Loss Statement, or last IRS Return.

Taxable ___ Non-Taxable ___ Tax Certificate # _____ Please attach copy of certificate.

DOLLAR AMOUNT OF FIRST ORDER: _____