CREDIT APPLICATION



Please Fax To: 225-236-1455

3941 Norman Wichita, KS 67215

IMPORTANT: Attach latest financial statemen	nts. D&B #:	Date:
	Federal Tax or	
Legal Name:	Social Sec. #:_	
Mailing Address:		
Street Address:		
Trade of Business:		In BusinessYears
Type: Corporation Co-Partnership	☐ Limited Partnership	☐ Proprietorship
☐ Subsidiary ☐ Division ☐ Affili	ated Company OF —	
If a corporation, incorporated under the state law	vs of	Date:
Telephone No.:	Fax No.	_
We estimate our monthly requirements from Sur	nshine Metals to be: \$	
BANK		Companies Preferred):
Bank Name:	Name:	
Address:	Address:	
Phone:	Phone:	
Contact:	Contact:	
Account Number(s):		
Name:	Name:	
Address:	Address:	
Phone:	Phone:	
Contact:	Contact:	

Applicant's signature attests financial responsibility, ability, and willingness to pay our invoices in accordance with our stated terms. In the event Buyer fails to pay for the goods when due or otherwise fails to comply with these Terms of Sale and Conditions or other terms of the sale, Buyer agrees to pay, in addition to the price for the goods and any applicable service charge or interest thereon, the actual reasonable legal fees and expenses and costs incurred by Sunshine Metals, Inc. in seeking payment for the goods from the Buyer or otherwise in enforcing the Terms of Sale and Conditions or other terms of sale, whether or not suit is filed against Buyer.

We hereby authorize our credit references to release any information necessary to assist in establishing a line of credit with Sunshine Metals. **OUR TERMS ARE NET 30**

Firm Name:	Date:
Signature of Officer:	Title: