



100 S. Main St.  
Suite 300  
Wichita, Kansas 67202  
316.263.6060  
316.263.5916 fax  
credit.app@sosc.net

# Credit Application

Customer Name \_\_\_\_\_

Physical Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_ Web site \_\_\_\_\_

Billing Address \_\_\_\_\_

Nature of business \_\_\_\_\_

Are you a subsidiary or a division of another company? Yes No  
If yes, please provide the name and address of your parent company: \_\_\_\_\_

Financial Statement Enclosed Will be forwarded on \_\_\_\_\_

## Credit References

Company	Email	Phone	Fax
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## Bank References

Name of Bank	City & State	Contact Name and Title	Phone
_____	_____	_____	_____
_____	_____	_____	_____

Amount of Credit Requested: \$ \_\_\_\_\_

Sales Tax Exempt? Yes No If yes, Tax No. \_\_\_\_\_

**A signed copy of your current exemption certificate is required to establish account as tax exempt.**

Accounts Payable Contact Name \_\_\_\_\_ Phone \_\_\_\_\_ Ext \_\_\_\_\_

Email \_\_\_\_\_

Does your company require a monthly statement to be sent to your billing address? Yes No

**Form of Business** Corporation – Reg. Partnership Sub S. Proprietorship

Year Established \_\_\_\_\_ Year Incorporated (if applicable) \_\_\_\_\_

**If Corporation or Partnership, please list the names of officers or partners**

Name	Title
_____	_____
_____	_____
_____	_____
_____	_____

**OUR TERMS**

Net 30 Days, unless otherwise stated on invoice. Past due accounts will be charged 1.5% interest per month (18% annually) on unpaid, past due balance.

**ACKNOWLEDGEMENT**

The information provided in this credit application is truthful and accurate. I agree that all purchases made from Sunrise Oilfield Supply, Inc. by me or any employee of this company will be paid in accordance with the aforementioned terms. The purchaser agrees to pay reasonable attorney fees and other costs incurred by Sunrise Oilfield Supply, Inc. for collection of this account should it become past due.

\_\_\_\_\_  
Signature of Company Officer or Partner Date

\_\_\_\_\_  
Title

**If you have any questions regarding this credit application, please contact accounts receivable at (800) 777-7672 or credit.app@sosc.net.**

\_\_\_\_\_  
FOR OFFICE USE ONLY

Credit application submitted by \_\_\_\_\_ Store Location \_\_\_\_\_