

APPLICATION FOR CREDIT

St. Louis Component Repair & NDT, LLC.  
 180989 Edison Ave.  
 Chesterfield, MO 63005  
 (636) 778-9999  
[www.SCRNSTL.com](http://www.SCRNSTL.com)



COMPANY INFORMATION			
Name of Company		Date	
Credit Line Requested: \$			
BILLING ADDRESS		ALTERNATIVE ADDRESS	
Street		Street	
City	County	City	County
State	Zip	State	Zip
Years in Business	EIN#	Phone Number	Fax Number
DUNS#:	Tax Exempt #:	E-Mail Address:	
Full Name of Officers, Owners, or Partners			
Name and Address		Position/Title	SSN #

BUSINESS REFERENCES				
Name		Acct#	Name	Acct #
Address		Address		
City	State		City	State
Fax # (required)	Contact Phone/Name		Fax # (required)	Contact Phone/Name
Name		Acct#	Name	Acct #
Address		Address		
City	State		City	State
Fax # (required)	Contact Phone/Name		Fax # (required)	Contact Phone/Name

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<b>BANK REFERENCE</b>				
Name			Type of Account	
Address			Account Number(s)	
City	State	Zip	Contact Name	Phone Number

<b>CONTACTS</b>			
	Name	Phone	E-Mail Address
Accounts Payable			
Controller			
Purchasing Agent			
Affiliate Companies			
Order Ack.		Fax:	
The above information is required to bill parts and services completed provided by SCRNI!			

<b>TERMS AND CONDITIONS</b>
<p>All invoices are received at the time of completion. Invoices are due and payable net-thirty (30) days from invoice date, unless stated. Any account determined to be delinquent will be placed on COD status until all past due balances are remitted. Any outstanding balance unpaid on the date when due to St. Louis Component Repair &amp; NDT, LLC. Shall be subject to a finance charge of 1-1/2% per month (or the maximum allowed by law) of such balances until paid, together with St. Louis Component Repair &amp; NDT, LLC. cost of collections (including reasonable attorney's fees). I authorize St. Louis Component Repair &amp; NDT, LLC. To obtain any information required regarding the statements made above. All statements made on this application are made for the purpose of obtaining credit. I have reviewed the information contained on this application, and I affirm that the forgoing statements are accurate and complete , and are made to induce St. Louis Component Repair &amp; NDT, LLC. to grant the application credit. I warrant that no information has been concealed or withheld which may be material to a proper consideration St. Louis Component Repair &amp; NDT, LLC. of this application. Applicant's signature attests financial responsibility and willingness to pay invoices in accordance with terms as explained.</p>

Authorized Signature

\_\_\_\_\_

Please Print Name

\_\_\_\_\_

Title

Date

\_\_\_\_\_

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