

# Synthetic Lubricants and Filters, Inc.

## CREDIT APPLICATION

### BUSINESS CONTACT INFORMATION

|  |  |  |  |
|--|--|--|--|
| Title  |  | Date business commenced  |  |
| Company name                                       |  | <input type="checkbox"/> Sole proprietorship<br><input type="checkbox"/> Partnership<br><input type="checkbox"/> Corporation<br><input type="checkbox"/> Other |  |
| Phone   Fax  |  |  |  |
| E-mail   |  |  |  |
| Registered company address<br>City, State ZIP Code |  |  |  |

### BUSINESS AND CREDIT INFORMATION

|                              |  |  |   |
|------------------------------|--|--|---|
| City, State ZIP Code         |  | Bank name:                                       |   |
| How long at current address? |  | Primary business address<br>City, State ZIP Code |   |
| Phone                        |  | Phone  |   |
| Fax                          |  | Account number                                   |   |
| E-mail                       |  | Type of account                                  | <input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other |

### BUSINESS/TRADE REFERENCES

|                      |  |        |  |
|----------------------|--|--------|--|
| Company name         |  | Phone  |  |
| Address              |  | Fax    |  |
| City, State ZIP Code |  | E-mail |  |
| Type of account      |  | Other  |  |
| Company name         |  | Phone  |  |
| Address              |  | Fax    |  |
| City, State ZIP Code |  | E-mail |  |
| Type of account      |  | Other  |  |
| Company name         |  | Phone  |  |
| Address              |  | Fax    |  |
| City, State ZIP Code |  | E-mail |  |
| Type of account      |  | Other  |  |

### AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize Synthetic Lubricants and Filters, Inc. to make inquiries into the banking and business/trade references that you have supplied.

### SIGNATURES

|                |  |                |  |
|----------------|--|----------------|--|
| Signature      |  | Signature      |  |
| Name and Title |  | Name and Title |  |
| Date           |  | Date           |  |

Please complete this application, scan it, and email the scanned file to [mike@sfi.net](mailto:mike@sfi.net).