



Sterling Finishing, Inc.
Plastikoiló of Delaware Valley
E.H. Abernethy & Company
 190 Rittetthouse Circle, Bristol, PA 19007
 [P] (215) 788-4126 / [F] (215) 788-0957
 email: Sterling@SterlingFinishing.com
 Web: SterlingFinishing.com

ACCOUNT INFORMATION

Firm Name (legal name)	Trade Name (if different)
Mailing Address	Delivery Address
City, State Zip	City, State Zip
Telephone No. Fax No.	Years in Business
Type of Business	Date and State of Incorporation
Amount of Credit Requested	Check one: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship
Sales Tax Status / Exemption Number	Federal EIN / Soc. Sec. Number

If a branch office or a division, give name of parent company and home office:

Name: _____
 Address: _____

Owners and/or Officers:

Corporations: Provide information on president and secretary.
Partnerships: Include all partners, use separate sheet if necessary.
Proprietorships: Provide information on sole owner or principal.

1)	2)
Name Title	Name Title
Home Address, City, State, Zip	Home Address, City, State, Zip
Home Phone Number % of Co. Owned	Home Phone Number % of Co. Owned

List Persons Authorized by Your Company to Make Purchases:

1. _____ 2. _____
 3. _____ 4. _____

Is a Purchase Order required for payment? Yes No (Check one)

Contact for Accounts Payable: _____ Title: _____

Signed: _____ Title: _____ Date: _____

Trade Credit References / Give Names and Addresses of your Bank and three Suppliers from whom you are buying on Open Credit.

PLEASE DO NOT WRITE IN THIS SPACE.

<p>Bank:</p> <hr/> <p>Contact:</p> <hr/> <p>Street:</p> <hr/> <p>City: State: Zip:</p> <hr/> <p>Account No.:</p> <hr/> <p>Telephone No.:</p>	
<p>1) Supplier:</p> <hr/> <p>Street:</p> <hr/> <p>City: State: Zip:</p> <hr/> <p>Telephone No.:</p>	
<p>2) Supplier:</p> <hr/> <p>Street:</p> <hr/> <p>City: State: Zip:</p> <hr/> <p>Telephone No.:</p>	
<p>3) Supplier:</p> <hr/> <p>Street:</p> <hr/> <p>City: State: Zip:</p> <hr/> <p>Telephone No.:</p>	

Estimated Value of First Job: _____

Remarks or Additional Information: _____

Authorization letter for Bank to release information

Dear Credit Manager:

I hereby give the bank permission to release credit information to Sterling Finishing, Inc. on my company.

Date: _____

Company Name: _____

Address: _____

Account No.: _____

Authorizing Signature: _____

Dear (Bank Contact): _____

The above referenced customer is applying for credit with Sterling Finishing, Inc. and has given your bank as a credit reference. Would you kindly complete the following information and return the form to our office. Please fax it to us at (215) 639-9345 or 9343. Thank you for your prompt attention regarding this request.

Very truly yours,
STERLING FINISHING, INC.
Robert C. Conover
President

For Bank Use Only:

How Long an Account: _____

Average Balance – Checking: _____

Savings: _____

Any NSF checks: _____

Is account handled satisfactorily: _____

Has Bank extended a line of credit to applicant: _____

If yes, How much is presently available to applicant: _____

Any Notes, Liens, Mortgages or Loans outstanding: _____

Secured or Unsecured: _____

Are payments made as agreed: _____

Name: _____

Title: _____

Date: _____



Sterling Finishing, Inc.
Plastikoiló of Delaware Valley
E.H. Abernethy & Company
190 Rittenhouse Circle, Bristol, PA 19007
[P] (215) 788-4126 / [F] (215) 788-0957
email: Sterling@SterlingFinishing.com
Web: SterlingFinishing.com

Terms and Credit Policy

1. All accounts must complete a credit application to obtain Net 30 days terms.
2. Until credit approval can be obtained, new accounts will be shipped/ delivered C.O.D.
3. Our credit terms are 2% 10 days or Net 30 days from the date of the invoice.
4. Accounts with balances over 45 days (from the invoice date) will be placed on stop shipment.
5. Accounts that excessively appear on the stop shipment list will be placed on C.O. D. terms.
6. We cannot guarantee the production of orders for accounts with delinquent balances prior to paying that amount current.
7. Unfortunately, we are forced to await receipt of all payments for past due balances before releasing orders. We are unable to accept check numbers over the phone.
8. All accounts with invoices over 39 days are subject to a late payment charge of 1.5% per month.
9. In the event that your account is placed for collections you agree to pay, in addition to the amount owed, all collection fees, court costs and reasonable attorney fees.
10. There will be an added charge of \$25.00 on all checks returned to us.
11. Accounts past due over 60 days will be temporarily closed until it can be determined that your company has regained the necessary stability to meet its financial obligations.
12. If there is a change in the corporate status or ownership of your company, it is necessary that we be notified of the change. We will then need credit information in writing on all new owners and/ or officers.

Your signature below verifies that you understand and accept the terms set down herein or those set at the time of sale.

Signature of Officer or Owner: _____ Date: _____

Print Name: _____ Title: _____

Company Name & Address: _____