

**CREDIT APPLICATION:****Customer Number:** \_\_\_\_\_Return to Fax or Address below  
Attention: Credit DepartmentSTYCORP LTD.  
603 Main Street  
P.O. Box 188  
Watsontown PA 17777Phone: (570) 538-2688  
Fax: (570) 538-3359  
Online Application:  
[www.stycorp.com](http://www.stycorp.com)

Business Information					
Business Name					Date
Business Street Address					Phone
City			State	ZIP	Fax
circle: Proprietorship	circle: Partnership	circle: Own Corporation	No. of Years at address	No. of Years in business	Sales Tax Exemption No.
Owners/Partners/Buyers Names/Titles:					
Credit References, Three Major Suppliers: including Street Address/City/State/Zip (area code) phone number					
1					
2					
3					
FINANCIAL INFORMATION					
Financial Institution			Phone No. ( )		CHECKING ACCOUNT NUMBER
Street		City		State	Zip
Total Annual Sales			No. of Employees		Loans Outstanding
<b>AGREEMENT - COMPANY POLICIES</b>					

- A. All claims on shortages and/or damaged goods must be made within 10 days.**
- B. All products have a 1 year factory warranty from date of purchase covering defects and normal use breakage. 30 days money back. After 30 days to 1 year replacement or repair of product.**
- C. In the event your account must be placed in Collections, it will be subject to an additional 25% charge in addition to court costs and lawyers fees.**
- D. Returned checks will be subject to a \$30.00 service charge.**
- E. All past due invoices are subject to 1 ½% per month (18% annually) service charge.**

I / we authorize STYCORP LTD to verify and obtain such information they require concerning the statements made above and do declare the above information to be true and accurate. I (we) also agree to the terms of "Net 30 Days" unless otherwise specified. If C.O.D. or Credit Card is preferred initial box.

signature \_\_\_\_\_ signature \_\_\_\_\_ Date \_\_\_\_\_

CREDIT OFFICE USE ONLY:			
CREDIT LIMIT	BY	DATE	COMMENTS

