

SIMCO LTD
1 DeMILLE ROAD
LAPEER, MI 48446



PHONE: 810-245-0188 x5#
FAX: 810-245-0336
EMAIL: info@simcoltd.com

Rev: 01/11/2007

RP Approval Code
Office Use Only

RETAIL PARTNERSHIP APPLICATION

<i>Business Name</i> _____	<i>Yrs in Business:</i> _____	
<i>Legal Corporate Name</i> _____		
<i>Corporate Website</i> _____		
<i>Address</i> _____		
<i>City</i> _____	<i>State</i> _____	<i>Zip</i> _____
<i>Business Phone</i> _____		
<i>Contact Person</i> _____		
<i>Email</i> _____		
<i>Phone</i> _____	<i>Cell</i> _____	
<i>Fax</i> _____		
<i>State Sales Tax Number</i> _____		
<i>Federal Tax ID Number</i> _____		
<i>Social Security Number</i> _____		

TRADE REFERENCES are needed for weekly, or 30 day accounts:
Minimum three (3) required

Name	Address	City	State	Zip	Phone w/ Area Code
#1	_____	_____	_____	_____	_____
#2	_____	_____	_____	_____	_____
#3	_____	_____	_____	_____	_____
#4	_____	_____	_____	_____	_____
#5	_____	_____	_____	_____	_____

BANK REFERENCES are needed for "company checks"

<i>Bank</i> _____	<i>Phone</i> _____	<i>Fax</i> _____	
<i>Address</i> _____	<i>City</i> _____	<i>State</i> _____	<i>Zip</i> _____
<i>Account Number</i> _____	<i>Officer to Contact</i> _____		
<i>Applicant Signature</i> _____	<i>Title</i> _____		
<i>Guarantor Signature</i> _____	<i>Spouse/Partner</i> _____		
ABOVE SIGNATURE MUST BE OWNER(S) OR AUTHORIZED OFFICER OF COMPANY FOR BANK RELEASE INFORMATION			

CREDIT CARD INFORMATION

<i>Types of Credit Cards Accepted</i>	<i>Master Cd</i> _____	<i>Visa</i> _____	<i>Discover</i> _____	<i>AMEX</i> _____
<i>Account Number</i> _____	<i>Expiration Date</i> _____			
<i>Name on Card</i> _____				
<i>Name Owners/Officers</i>	<i>Home Address</i>	<i>Phone (Area Code)</i>	<i>Title</i>	
1.) _____	_____	_____	_____	
2.) _____	_____	_____	_____	
3.) _____	_____	_____	_____	

Note: Applicant's signature attests financial responsibility, willingness and ability to pay our invoices in accordance with the payment terms which may be granted and Simco terms and policies which may be revised from time to time. All information is required to access credit terms. Additional documents and /or information may be required as a condition of sales or credit terms. A service charge of \$40.00 or 5% whichever is greater will be charged on any returned checks. If two checks are returned for any reason the account will be placed on cash only. **Applicant also assumes responsibility for all bills contracted in his name at the designated address and if required to collect delinquent account, all collections agency, attorney expense and court costs.** The information given herein is for the purpose of obtaining credit and it is warranted to be true. **I/We understand the completion of this application does not constitute an offer to sell or an authorization to buy from Simco LTD.** I/We hereby authorize the firm to whom this application is made (Simco LTD) to investigate the references listed. I/We have read and fully understand the above.

Signature _____ Title _____ Date _____
Signature _____ Title _____ Date _____