



Superior Signals, Inc.  
 16355 South Lone Elm Road Olathe, KS 66051, U.S.A.  
 Phone: 913-829-1000 · Toll Free: 447-3693 · Fax: 913-780-1427  
 www.superiorsignals.com

**Credit Application**

**Company Information**

Legal Company Name \_\_\_\_\_

Nature of Business \_\_\_\_\_ Years in Business \_\_\_\_\_

Mailing Address \_\_\_\_\_

Shipping Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Use of Answering Service?    Yes    No    Answering Machine?    Yes    No    Number of Employees \_\_\_\_\_

Type of Business    Corporation    Partnership    Ownership    Other \_\_\_\_\_    State of Incorporation \_\_\_\_\_

Annual Sales \_\_\_\_\_    Amount of Credit Requested \_\_\_\_\_

President \_\_\_\_\_    Accounts Payable Manager \_\_\_\_\_

Purchasing Manager \_\_\_\_\_    Provide: \_\_\_\_\_

How did you hear of our company? \_\_\_\_\_

Email Address: \_\_\_\_\_    Website: \_\_\_\_\_

**Bank Reference**

Name of Bank \_\_\_\_\_    Contact Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_    State \_\_\_\_\_    Zip \_\_\_\_\_    Country \_\_\_\_\_

Phone \_\_\_\_\_    Fax \_\_\_\_\_

**Credit References (Minimum of four)**

Company Name	1)	2)
Address		
City, State, Zip, Country		
Contact Name		
Phone Number		
Fax Number		

Company Name	3)	4)
Address		
City, State, Zip, Country		
Contact Name		
Phone Number		
Fax Number		

The information above is submitted to Superior Signals, Inc. as a basis for the extension of credit. Extension of credit, if any, is at the discretion of Superior Signals, Inc. terms are Net 30 days. Credit suspended if account balance exceeds 60 days.

**If exempt from sales tax, a resale certificate MUST be attached. All payments must be made in U.S. dollars.**

I hereby grant permission to Superior Signals, Inc. to check with the above named references in order to establish an open account.

**Authorized Signature** \_\_\_\_\_    **Title** \_\_\_\_\_    **Date** \_\_\_\_\_