

# SCS Foods, Inc.

Please Print or Type

**Confidential Credit Application**

Business Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Business is a Corporation (Name of Corporation): \_\_\_\_\_

Partnership: \_\_\_\_\_ Proprietorship: \_\_\_\_\_

SC Tax Retail #: \_\_\_\_\_

Principal Owners or Officers:

Name	Title	SSN#	Home Address	City/State/Zip
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

References (Only Firms Extending Open Account Terms):

Name	Address	City/State/Zip
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_____	_____	_____
_____	_____	_____
_____	_____	_____

The undersigned guarantees to SCS Foods, Inc. the payment of all invoices within the terms and conditions of sale and further agrees to pay all collection, legal expenses, and attorney's fees (including fees incurred on appeal), whether suit be brought or not, should they become necessary to recover the monies due them. A one and one-half percent ( 1 ½%) Service Charge (interest, carrying charge and late payment penalty) calculated monthly will be added to all accounts not paid and payment received by SCS Foods, Inc. within twenty-one (21) days of date of Invoice (Past Due).

\_\_\_\_\_  
Name of Individual or Guarantee / Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date