SHERWIN-WILLIAMS COMMERCIAL CREDIT APPLICATION

DATE:

Full Name of Business:

Physical Address	Billing Address (if different)
Address:	
City, State, Zip:	

Work Phone: Cell Phone: Fax #:

Year Business Started | Annual Sales | # of Employees | Contractor License #

Parent Company (if any) Name: City: State: Zip:

Type of Business

For Painters Please Check Main Work Type:
Commercial ◯ Industrial ◯ Maintenance ◯ New Residential ◯ Residential Repaint ◯

Would you like to receive your invoices and/or monthly statements via email instead of US Mail?
Please mark as appropriate and if you have selected "Yes" for either, enter the email address below.

Email Invoices Y ◯ N ◯

Email Statements Y ◯ N ◯

Email address for invoices/statements:

Would you like to receive promotional offers via email? Y ◯ N ◯ If yes enter email address below if different from above.

Email address for promotional offers:

Please Select One: PROPRIETORSHIP ◯ PARTNERSHIP ◯ LLC ◯ CORPORATION ◯ STATE INCORPORATED:

Required for Proprietorship or Partnership; LLC or Corporation if applicable.

APPLICATION INFORMATION MAY BE USED TO OBTAIN A PERSONAL CREDIT REPORT FROM A CONSUMER REPORTING AGENCY.

Name of Owner: Home Address:

City: State: Zip: Social Security #:

Name of Owner: Home Address:

City: State: Zip: Social Security #:

Trade References (Name, Address, City, State, Zip)	Phone #	Fax #
1)		
2)		
3)		

Bank Reference (Name, Address City, State, Zip)	Phone #	Account #

If credit is granted, I/We understand that the terms of the sale are net 20th of the month following purchase. In the event of default, The Sherwin-Williams Company ("SW") may charge interest on any past due balance at the rate of 1.5% per month (i.e. 18% per annum) with said interest being calculated from the date of default.

In consideration of SW extending credit to the business referenced above ("Applicant"), I/We do hereby agree jointly and individually, to make timely payment for all goods and services supplied to me/us or to any of us or the Applicant regardless of any credit limit assigned by SW. In the event that the Applicant's account is placed with a third party for collection, I/We agree to pay all costs including actual attorney fees and court costs incurred by SW in collecting amounts owed to SW by Applicant. I/We agree that SW has the right to schedule the venue of any proceedings commenced against the Applicant and that I/we hereby waive the right to a jury trial. I/We authorize SW to investigate Applicant's and my/our credit history (**both business and personal**), bank references and any information deemed necessary by SW to extend credit.

Authorized Signature Date:	Authorized Signature Date:
Printed Name:	Printed Name:
INTERNAL USE: STORE #	**TERRITORY #** 4788 **CAC:**
ACCOUNT #	**FORM #** 0 1 0 0

Commercial Credit Application Rev 2/2012 VERSION EN ESPANOL DISPONIBLE SI HACI LO SOLICITA