



# APPLICATION FOR CREDIT

Salesperson's Name: \_\_\_\_\_  
 Date Received: \_\_\_\_\_  
 Customer No. Assigned: \_\_\_\_\_

Legal Company Name: \_\_\_\_\_ Federal ID No.: \_\_\_\_\_

D.B.A.: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Multiple Shipping Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Multiple Shipping Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Purchasing Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Would you like to be set up for Online Ordering? Yes No

A/P Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Would you like to receive invoices by email? Yes No Email: \_\_\_\_\_

Will you be purchasing using a Drug License? Yes No License No. \_\_\_\_\_ Exp. \_\_\_\_\_

\*\*\*If Yes a copy of License must be sent in with application\*\*\*

\*\*Tax Status: Taxable Rate: \_\_\_\_\_ Resale \*\* Exempt Organization \*\*

**\*\*A RESALE/EXEMPT CERTIFICATE MUST BE RETURNED WITH COMPLETED APPLICATION IN ORDER TO HAVE EXEMPT STATUS\*\***

Purchase Order Required: Yes No Annual Sales: \$ \_\_\_\_\_

**Are there Affiliates?** Yes No Owned? Yes No Aligned? Yes No

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

GPO Alliances?

1. \_\_\_\_\_

2. \_\_\_\_\_

### CREDIT REFERENCES (COMPLETE INFORMATION MUST BE FURNISHED)

Vendor Name	Address	City/State/Zip	Phone No./Fax No.	Acct No.
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**CREDIT LIMIT REQUESTED: \$ \_\_\_\_\_ .00**

FAX COMPLETED CREDIT APPLICATIONS TO 402-356-0932 -OR-  
 MAIL COMPLETED FORMS TO SHARED SERVICE SYSTEM INC. 1725 S. 20TH ST., OMAHA, NE 68108 ATTN: CREDIT DEPT.



## TERMS OF SALE

Applicant's Name: \_\_\_\_\_

1. Payment for products purchased from Shared Service Systems is due 30 days from the date of the invoice. Payments should be mailed to 1725 S. 20th St. Omaha, NE 68108.
2. Past due balances will be subject to a service charge of one and one half percent (1.5%) per month or the maximum charge permitted under applicable law, whichever is less.
3. If the account is placed for collection, the undersigned agrees to pay all costs and expenses of collection including reasonable attorney's fee and expenses. The undersigned agrees and consents to the exclusive jurisdiction and venue in the federal and state courts located in the County of Douglas, State of Nebraska and specifically waives any objection to such jurisdiction or venue.
4. The undersigned agrees to notify Shared Service Systems by certified mail of any change in ownership of the customer and further agrees to be liable for all purchases should the undersigned fail to comply with said notification.
5. The undersigned hereby authorizes Shared Service Systems to contact and investigate the references including the banks listed on page 1, and the undersigned authorizes the references to release the requested information.

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
(PLEASE PRINT) (PLEASE PRINT)

\*Authorized Signature: \_\_\_\_\_  
(\* PERSON MUST BE AUTHORIZED TO CONDUCT BUSINESS OF BEHALF OF THE ENTITY APPLYING FOR CREDIT)

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Route: _____
Date Received: _____
Customer No. Assigned: _____

## Customer Delivery Profile

In an effort to better meet your delivery needs, we ask that you please take a moment to fill out the following information. This will help ensure that we are providing the best possible service to you and your facility. Thank you.

Date: \_\_\_\_\_ Sales Rep: \_\_\_\_\_

Account Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Contact for Deliveries: \_\_\_\_\_ Contact Phone \_\_\_\_\_

Delivery Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Receiving Hours: \_\_\_\_\_ Receiving Dock: Yes \_\_\_\_\_ No \_\_\_\_\_

If no, do you have a ramp/entrance to accommodate a pallet jack? \_\_\_\_\_

If no, do you require a lift gate? \_\_\_\_\_

Receiving in located: Front \_\_\_\_\_ Rear \_\_\_\_\_ Other \_\_\_\_\_

Deliveries made: Ground Level \_\_\_\_\_ Upstairs \_\_\_\_\_ Other \_\_\_\_\_

Do deliveries require an appointment? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, please provide phone number and

Contact name \_\_\_\_\_

**\*Delivering carrier may charge additional cost for appointment deliveries and will delay your shipment a minimum of 1 day**

Will delivery be affected by narrow hallways or doorways? \_\_\_\_\_

Will delivery be affected by low ceilings? \_\_\_\_\_

Will a 53 foot trailer have direct access to the building? Yes \_\_\_\_\_ No \_\_\_\_\_ Other \_\_\_\_\_

If No, is 48 foot required or a straight truck? \_\_\_\_\_

**\*If a straight truck is required this could delay shipment by minimum of 1 day.**

Are there multiple locations at your facility for deliveries: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, are there additional addresses and deliveries: \_\_\_\_\_

Are there other special requirements/instructions for delivery? \_\_\_\_\_