



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.

Empty lines for credit references

CREDIT LIMIT REQUESTED: \$.00



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)

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? _____