



Credit Application
Collegiate Division

COMPANY _____ TAX ID# _____

ADDRESS _____ CREDIT LIMIT REQUESTED* \$ _____

TERMS REQUESTED _____

CONTACT _____

PHONE _____ FAX _____

CORP. _____ PARTNER _____ SOLE PROP. _____ IN BUSINESS SINCE _____

BANK INFORMATION (Name, Contact, and Phone) _____

CREDIT CARD #: MC ___ VISA ___ AMEX ___ Exp Date: _____

I authorize SMI Properties to charge any invoice more than sixty days old to the above credit card.

TRADE REFERENCES (Name, Phone, Fax, Address and Zip Code)

1. _____

2. _____

3. _____

* Credit Applications with Credit Limit Requests of less than \$10,000 require a copy of a current Income Statement and Balance Sheet.

Applicants must be in business for a minimum period of 12 months before any credit will be considered.

Balances are due the tenth of the month. Any accounts falling past due will be subject to a finance charge of 1.5% monthly on the past due balance (18% per annum). Accounts past due will be placed on COD pending payment in full. Accounts placed for collection will be responsible for all charges associated with the collection, including, but not limited to, professional collections fees, attorney fees, court costs and all interest charges incurred until the debt is satisfied.

I/we have read and understood the above and agree to the terms as presented. I/we understand that the information provided will be used as a basis to determine our credit worthiness, and believe it to be true and correct to the best of our knowledge. I/we further understand that extension of credit by SMI Properties, Inc. is at their sole discretion, and a credit account and its terms are subject to periodic review, change and or revocation.

Signature of Company Officer (DATE)

Printed name of Company Officer

Please return to SMIP Collegiate Division by fax or mail.