

**SSCOR, Inc.**  
11064 Randall Street  
Sun Valley Ca 91352  
P: 818-504-4054  
F: 818-504-6032  
www.sscor.com



Please email completed forms to [accountsreceivable@sscor.com](mailto:accountsreceivable@sscor.com).  
Credit applications are processed within 3 working days.

**COMPANY INFORMATION: PLEASE ATTACH COMPANY W-9**

TRADE NAME:

DBA:

ADDRESS:

PHONE:  FAX:

WEBSITE:  EMAIL:

TAX ID#  NO. OF YEARS IN BUSINESS:

BUSINESS IS:  CORPORATION  PARTNERSHIP  
 SOLE PROPRIETORSHIP  LLC

ACCOUNTS PAYABLE CONTACT:

PHONE NUMBER:  EMAIL:

\*CREDIT AMOUNT REQUESTED:

*\*Upon Approval. Terms are Net 30 - Payment is due 30 days from invoice date.*

**BANK INFORMATION:**

BANK NAME:  ACCOUNT #

ADDRESS:

CONTACT PERSON:  PHONE:  FAX:

**TRADE REFERENCES:**

COMPANY NAME:  ACCOUNT #

ADDRESS:  FAX:

PHONE:  EMAIL:

COMPANY NAME:  ACCOUNT #

ADDRESS:  FAX:

PHONE:  EMAIL:

**APPLICANT AGREES TO PAY COLLECTION FEES PLUS INTEREST IN CASE OF DEFAULT IN PAYMENTS IN COMPLIANCE WITH OUR TERMS. BY SIGNING BELOW, THE APPLICANT CERTIFIES THAT ALL INFORMATION IS CORRECT AND ATTESTS FINANCIAL RESPONSIBILITY, ABILITY AND WILLINGNESS TO PAY THE INVOICES IN ACCORDANCE WITH OUR TERMS.**

- PAYMENT IS DUE 30 DAYS AFTER SHIPMENT OF MERCHANDISE**
- SSCOR RESERVES THE RIGHT TO PUT THE ACCOUNT ON HOLD DUE TO NONPAYMENT**

**SIGNATURE:**  **NAME:**   
**TITLE:**  **DATE:**

**THIS PORTION IS FOR SSCOR, INC. ONLY**

APPLICATION APPROVED:  YES  NO      LIMIT:       TERM:   
SIGNATURE:       NAME:   
TITLE:       DATE:

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