



584 Old Mill Stream Lane  
 Shepherdsville, KY 40165  
 800-846-8872  
 (502) 543-4403 - Fax

Please email, fax, or mail the completed form.

[CustomerService@ServicePlusweb.com](mailto:CustomerService@ServicePlusweb.com)

**CREDIT APPLICATION**

<b>Business Name:</b>	<b>Contact Person:</b>	<b>Phone#</b>	<b>Fax#</b>
<b>Billing Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Shipping Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>E-Mail Address:</b>	<b>Federal Employer ID #</b>		

<b>Check One:</b>	<b>Corporation</b>
	<b>Partnership</b>
	<b>Individual</b>
	<b>Other</b>

<b>Resale Certificate # (If in the state of Kentucky)</b>	
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<b>PLEASE PROVIDE TWO CREDIT REFERENCES</b>			
<b>CREDIT REFERENCE 1</b>			
<b>Business Name:</b>	<b>Contact Person:</b>	<b>Phone#</b>	<b>Fax#</b>
<b>Billing Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>

<b>CREDIT REFERENCE 2</b>			
<b>Business Name:</b>	<b>Contact Person:</b>	<b>Phone#</b>	<b>Fax#</b>
<b>Billing Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>

<b>FINANCIAL INFORMATION</b>			
<b>Financial Institution:</b>	<b>Contact Person:</b>	<b>Contact #</b>	
<b>Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>

The above information is herewith submitted for the purpose of opening an account and I do hereby certify this information to be true.

Authorized Signature and Date: \_\_\_\_\_

**Terms:**

I understand Service Plus Restaurant Equipment Parts, Inc. terms are net 30 days. A \$20.00 late fee will be added to all invoices after the due date and an additional \$5.00 will be added every 30 days thereafter.

All prices quoted to the customer are subject to applicable shipping charges and tax. All amounts due for purchases from Service Plus are payable to: Service Plus 584 Old Mill Stream Lane Shepherdsville, KY 40165.

**Change of Ownership:** I/We understand that we must notify Service Plus Restaurant Equipment Parts, Inc. in writing and by certified mail of any change in ownership, the name of business, or structure of the business under which credit is established.

**APPLICANT'S SIGNATURE ATTESTS FINANCIAL RESPONSIBILITY, ABILITY AND WILLINGNESS TO PAY IN ACCORDANCE WITH ABOVE TERMS:**

**Business Name:** \_\_\_\_\_

**By:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Thank you for your interest in Service Plus!**