



Sakai America, Inc.

90 International Pkwy.
Adairsville, GA 30103
(770) 877-9433 Telephone
(770) 877-9886 Fax

Credit Application

Please forward this back to Wendy Mancil

Email: wendy.mancil@sakaiamerica.com

Amount of Credit Requested: _____

Name _____

Billing Address _____

Shipping Address _____

City _____ State _____ Zip Code _____

Attention: _____

Phone (____) _____ Fax (____) _____

Website _____

Type of Business _____

Year Established _____

Other location(s) _____

Please check one: () Corporation () Partnership () LLC () Sole Proprietor

Names and Titles of Officers or Owners:

	Name	Title
1.	_____	_____
2.	_____	_____
3.	_____	_____

Billing or Accounts Payable contact:

Name _____ Phone _____ Email _____

Additional Information

What is the main purpose for an account with us? _____

If incorporated, in which state? _____

Is company a subsidiary of another? () Yes () No

If yes, name of other companies with which affiliated: _____

Has this company, or an affiliate, ever filed for bankruptcy? () Yes () No

If yes, please specify _____

Are there any pending lawsuits, liens, or judgments against this company? () Yes () No

If yes, please specify _____

Is your company tax exempt*? () Yes () No

If yes, Resale # _____

*** A copy of the tax exemption certificate is required to complete the application process.**

*** 3 years Income Statements and Balance sheets or Financial Statements are required to complete the application process.**

Annual Sales Volume Last 3 Fiscal Years

\$ _____ \$ _____ \$ _____

Retained Earnings Last 3 Fiscal Years

\$ _____ \$ _____ \$ _____

Total Assets and Stockholder's equity as of Last Fiscal year-end

\$ _____ \$ _____

Total Current Assets and Current Liabilities as of Last Fiscal year-end

\$ _____ \$ _____

Total equipment and Parts in Inventory as of Last Fiscal year-end

\$ _____

Current Line of Credit available for equipment purchase

\$ _____

Bank References

Bank for a line of credit: _____

City _____ State _____ Zip Code _____

Officer _____ Phone _____ Email _____

Principal Depository Bank _____

City _____ State _____ Zip Code _____

Officer _____ Phone _____ Email _____

Trade References

Name: _____
Address: _____
Phone: _____
Email: _____

Name: _____
Address: _____
Phone: _____
Email: _____

Name: _____
Address: _____
Phone: _____
Email: _____

Name: _____
Address: _____
Phone: _____
Email: _____

I/We authorize Sakai America, Inc. to investigate the references listed above or other credit data including reports from credit reporting agencies which may be required as part of its normal credit approval procedures and authorize that any such information requested may be released by telephone.

Authorize this _____ Day of _____, 2021.

Signature Title

Signature Title

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