



SALES AND CREDIT AGREEMENT

Sales Rep:

Please EMAIL a signed copy to accounting@simsglobalsolutions.com

ACCOUNTING CONTACT INFORMATION

Accounting Contact Name:

Phone: Fax: E-mail:

Preferred Method for Invoicing:

Required Documents for Invoicing:

BUSINESS AND CREDIT INFORMATION

Legal Company Name: Tax ID: DUN:

Physical Address:

City: State: ZIP Code:

Phone: Fax: E-mail:

Billing Address (if different):

City: State: ZIP Code:

Phone: Fax: E-mail:

BUSINESS/TRADE REFERENCES

Company name:

Address:

City: State: ZIP Code:

Phone: Fax: E-mail:

Type of account:

Company name:

Address:

City: State: ZIP Code:

Phone: Fax: E-mail:

Type of account:

Company name:

Address:

City: State: ZIP Code:

Phone: Fax: E-mail:

Type of account:

TERMS and CONDITIONS

Upon credit approval, all charges are payable in US Dollars and are due within 15 days of delivery date or other agreed upon terms. Any payment which is past due shall be subject to an additional charge at the rate of 1.5% per month of the average outstanding balance due, or the highest rate of interest permitted by applicable law, whichever is less. THE ABOVE INFORMATION is for the purpose of obtaining credit and is warranted to be true. I hereby authorize the company to whom this application is made to investigate the references pertaining to our credit and financial responsibility. You agree to accept electronic signatures and/or faxed copies of this document as creating legal effect. THE AUTHORIZED SIGNATORY SIGNING THIS APPLICATION ON BEHALF OF ITS COMPANY CONSENTS AND BINDS ITS COMPANY TO THE TERMS FOUND AT WWW.SHIPSIMS.COM, ALL OF WHICH ARE HEREBY INCORPORATED BY REFERENCE. (Click to access Terms and Conditions.)

SIGNATURE

Signature: _____ Title: _____

Printed Name: _____ Date: _____