



Global Leader in High Security Information  
End-of-Life Solutions for Over 50 Years

# CREDIT APPLICATION

Company Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
A/P Contact Name \_\_\_\_\_  
DUNS # \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_  
Tax ID # \_\_\_\_\_  
Tax Exempt?:  Yes (Provide copy)  No

### BANK REFERENCE

Bank Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Account # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_

### AUTHORIZATION TO RELEASE BANK INFORMATION

I hereby authorize to release information to SEM, Inc. for the purpose of supporting the credit application and establishing an open line of credit.

Account name per bank records \_\_\_\_\_  
Account # \_\_\_\_\_ Signature \_\_\_\_\_

### TRADE REFERENCES

1. Company Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
Contact Name \_\_\_\_\_  
2. Company Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
Contact Name \_\_\_\_\_  
3. Company Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
Contact Name \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_

**Customer agrees to pay any collection and/or legal expenses required to collect overdue balances and the individual executing this application is authorized to do so by the applicant.**

Financial Contact Name \_\_\_\_\_  
Signature \_\_\_\_\_  
Job Title \_\_\_\_\_ Date \_\_\_\_\_

**Security Engineered Machinery**

5 Walkup Drive | Westboro, MA 01581 | 800.225.9293 | Fax 508.366.6814 | www.semshred.com