



1923 South Blvd / Studio B / Charlotte, NC 28203

704-370-0840 www.ssdcpcad.com

CREDIT APPLICATION

SOFTWARE DESCRIPTION: SSDCP STEEL DETAILING SOFTWARE
(SEE ATTACHED SHEET FOR ITEMIZATION OF MODULES PURCHASED)

PLEASE FAX TO: (704) 358-1801

REQUESTED DELIVERY DATE _____

ADDRESS SOFTWARE WILL BE LOCATED: _____
(INCLUDE STREET, CITY, COUNTY, STATE, & ZIP CODE)

COST OF COLLATERAL: \$ _____
LESS: DOWN PAYMENT: \$ _____
TOTAL AMOUNT REQUESTED: \$ _____

REQUESTED TERM (MONTHS): _____
END OF TERM STRUCTURE: (____) \$1 PURCHASE (____) FAIR MARKET

APPLICANT (LEGAL NAME) _____ PHONE _____ YRS IN BUSINESS _____
STREET _____ FAX _____
CITY _____ STATE _____ ZIP _____ COUNTY _____ TAX % RATE _____
INCORPORATED IN THE STATE OF _____ NATURE OF BUSINESS _____
CHECK ONE: CORPORATION _____ PARTNERSHIP _____ LLC _____ SOLE PROPRIETORSHIP _____ 501C _____

OWNERSHIP INFORMATION (IDENTIFY ALL PRINCIPALS WITH 20% OR MORE OWNERSHIP) (PLEASE ATTACH ADDITIONAL SHEETS AS NECESSARY)

1. PRINCIPAL NAME _____ % OWNERSHIP _____ TITLE _____
HOME ADDRESS _____ PHONE _____ SS# _____
CITY _____ STATE _____ ZIP _____
2. PRINCIPAL NAME _____ % OWNERSHIP _____ TITLE _____
HOME ADDRESS _____ PHONE _____ SS# _____
CITY _____ STATE _____ ZIP _____

BANK _____ PHONE _____ CONTACT PERSON _____
STREET _____ FAX _____ DATE ACCT. OPENED _____
CITY _____ STATE _____ ZIP _____
CHECKING ACCOUNT #1: _____ CHECKING ACCOUNT #2: _____
LOAN / CREDIT LINE ACCOUNT #1: _____ LOAN / CREDIT LINE ACCOUNT #2: _____

TRADE REFERENCES:

1. _____ PHONE _____ ACCT # _____
2. _____ PHONE _____ ACCT # _____
3. _____ PHONE _____ ACCT # _____

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1. AUTHORIZATION SIGNATURE _____ PRINT _____ TITLE _____
2. AUTHORIZATION SIGNATURE _____ PRINT _____ TITLE _____