



CREDIT APPLICATIONS

Enter company name and industry to start

7% Complete

Business Name

Legal Business Name
ACME Construction

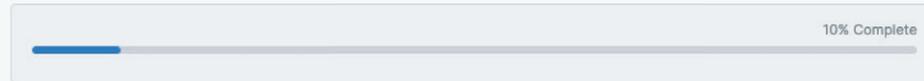
Doing Business As / Trading Name (Optional)

Industry

Choose the industry that best represents your business.

Industry
Construction

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**Business Legal Structure** Sole Proprietorship Corporation Partnership LLC LLP Non-Profit Government Other

Choose the type
of entity applying
for credit



Business Ownership Category

Privately Owned

Publicly Owned

Majority/Wholly Government Owned

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Choose your business ownership type to continue.

Enter your EIN,
start date, and
number of
employees.

17% Complete

Employer Identification Number

EIN
-***

Business Start Date

Month / Year
12/1998

Number Of Employees

Number of Employees
122

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Provide your street address, city, state, and ZIP code.



Physical Business Address (No PO Boxes)

Address Line 1
9011 |

Address Line 2 (Optional)

City
capital heights

State

ZIP Code
20743

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34% Complete

Business Contact Details

Business Phone
(240) 240-4020

Business Website
https:// acmeconstruction.com

I do not have a business website.

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Add contact info
or check if no
website.



Business Annual Revenue

Last year's approximate business revenue. Please report your total annual business revenue; not your business profit.

\$		1,000,000	.00
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Anticipated Annual Spend

Please report your total anticipated annual spend.

\$		500,000	.00
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Credit Limit

Your Credit Limit represents the aggregate purchases that can be made on invoice terms and outstanding at any point in time.

\$		100,000	.00
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Fill in revenue, spend, and credit limit.

Select who will
complete the
application.

49% Complete

Authorization Confirmation

Do you have an ownership interest in the Business and authority to sign and submit the application on the Business's behalf?

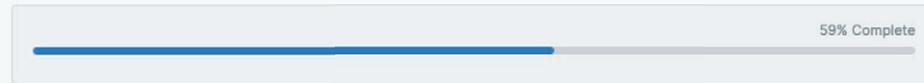
Yes. Continue with application.

No. Forward application to an authorized signer.

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Provide owner details and share percentage.



About the Owner

The Business Owner's information is being requested in support of this Application. If the Application is approved, you will be a guarantor of the Purchase Account, subject to the terms of the Guaranty.

Legal First Name
Tom

MI (Optional)

Legal Last Name
White

Ownership Percentage

You must be an owner of the business and authorized to sign and submit the application on its behalf.

100 %

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Provide owner's contact info.



Owner's Contact Details

Business Email Address
tomwhite@acmeconstruction.com

Phone Number
(240) 240-2040

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Add owner's street, city, state, and ZIP.

73% Complete

Owner's Physical Address (No PO Boxes)

Address Line 1
9011

Address Line 2 (Optional)

City
capital heights

State
Maryland

ZIP Code
20743

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Provide SSN and
DOB of the owner.

80% Complete

Social Security Number

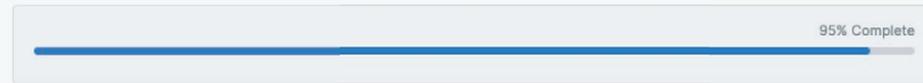
⚠ The Business Owner's information is being requested in support of this Application. If the Application is approved, you will be a guarantor of the Purchase Account, subject to the terms of the Guaranty.

SSN
*** - ** - ****

Date of Birth

DOB
05/05/1965

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Billing Contact / AP Department Details

This should be someone in your organization who is authorized to receive and pay invoices, such as a member of the Accounts Payable department.

Same as 'Business Owner' Details

First Name
Tom

Last Name
White

Job Title
Owner

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Provide AP contact name and title.



Billing Contact / AP Department Details

Billing Contact or AP Department Email
tomwhite@acmeconstruction.com

Billing Contact or AP Department Phone Number
(240) 240-2040

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Add billing contact's email and phone.

✓ Ready To Submit

I agree to the following:

- ✓ I certify that I am an owner of the Business and that I am authorized to submit this Application and to agree to the Purchase Program Accountholder Agreement on behalf of the Business.
- ✓ I agree to the terms of the [Guaranty](#) and acknowledge that I am absolutely and unconditionally guaranteeing the punctual payment of any amounts due and payable by the Business under the Purchase Program Accountholder Agreement.
- ✓ I accept the Purchase Program Accountholder Agreement with the credit provider, Multi Service Technology Solutions, Inc. ("TreviPay"), and acknowledge the privacy policy provided in the TreviPay Privacy Center found at <https://www.trevipay.com/privacy-center/>.
- ✓ I authorize TreviPay to make such credit investigations as TreviPay sees fit, including contacting trade references, obtaining financial information, and periodically obtaining business and/or consumer credit reports about the Business and Authorized Signer, as detailed in the Purchase Program Accountholder Agreement.
- ✓ On behalf of the Business and myself, the Authorized Signer, I authorize Sonco Sandbox and TreviPay and its affiliates to receive and exchange this Application information and all subsequently obtained identity verification information, including identity verification information on the Business Owners.
- ✓ I understand and agree that this application is hosted on a U.S.-based server and may not be used in connection with any transaction involving a "sanctioned" country. Use of a U.S.-based application for transactions involving a sanctioned country could be considered "facilitation" of trade with the sanctioned country, which is prohibited by U.S. law. Click on the following link for the most current listing of countries sanctioned (embargoed) by the U.S. Government: <https://home.treasury.gov/policy-issues/financial-sanctions/sanctions-programs-and-country-information>.
- I have read and agree to the [Terms & Conditions](#), [Privacy Policy](#), and provision of personal information to third parties.

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Submit Application

Agree to terms
and click Submit.



Congratulations!

We are happy to inform you that we have approved you for a credit limit of **\$100,000.00**.

Please check your email for the next steps regarding your account.

Approved!
Watch your inbox
for what's next.

SONCOTM
SAFETY MARKETPLACE