

SEARS COMMERCIAL ONE

TO APPLY:

<http://www.citibank.com/us/cards/srs/apps2dwnld/commercial1.pdf>

Reports to:

D & B, Business Experian and Business Equifax

Phone: 800-599-9710

# sears® Commercial One®

## Account Application

Merchant Use Only				Credit Services Use Only
Unit #	Associate #	Scopes #	Assigned Credit Line	Purchasing Account #
Submitted by		Phone #	Notes	Exp. Date

### Please read the following before completing this form:

Applicant represents that the information given in this Application is complete and accurate on behalf of each of the Owner Entities ("Owners") on the listing sheet and authorizes Citibank, N.A. and any of their servicers, administrators, successors or assignees ("User") to investigate your credit histories, personal credit histories, credit bureau reports, consumer credit reports, credit references, and other lawful sources (Collectively, "Credit Information") any User deems appropriate in considering any Application and subsequently in connection with any credit evaluations, updates, renewals, or extensions of credit or reviewing or collecting the account, or for any other legal purpose. You also agree and consent that any User at any time may review and share Credit Information and information about a User's experiences or transactions with you or relative to your performance under this Agreement with any Users (or companies related to any of them by common ownership or control), credit bureaus or other parties that may lawfully receive such information, except as otherwise set forth in the Sears Commercial One Terms and Conditions. **Read the attached agreement and sign the "signature" section below before submitting this application.** This Application and the accompanying Sears Commercial One Terms & Conditions are referred to collectively as the "Agreement."

All areas with an asterisk (\*) must be completed

### Step 1: Account Type (Please choose one)\*

Monthly Statement Account

- Monthly billing statement – includes Monthly Summary Statement and Supplemental Itemized Detail
- Payments are applied to the total outstanding balance

Daily Invoice Account

- Receive invoices as transactions occur – includes Daily Invoice and Open Items Account Summary
- Payments are applied to individual invoices

Special Handling Instructions (Please check if applicable)

Purchase Orders

### Step 2: Billing Information

Applicant ("Customer") Company Name (Full Legal Name)\*

Doing Business As (DBA)

Federal Tax ID # (Required)\*

Date Established (MM/YYYY)\*

Organization Type\*

Embassy  Non-Profit  Government  Financial Institution  Other Business Type

If a financial institution, specify the type:  Bank  Non-Bank  Funds  MSB (Money Service Business)

Legal Type\*

Sole Proprietorship

Corporation

Government/School/Embassy

Limited Liability  Partnership

Parent Company (If Applicable)

# of Employees

Owner(s) Name(s)\*

Business Street Address (No P.O. Box)\*

City\*

State\*

Zip\*

Billing Address (if different from Business Address)\*

City\*

State\*

Zip\*

Billing Contact Name\*

Purchasing Manager

Billing Phone #†

Billing Fax #

Purchasing Phone #†

Purchasing Fax #

†By giving us a cell number or a number later converted to a cell number, you agree that we or our service providers can contact you at that number by autodialer, recorded or artificial voice, or a text.  
Your number may change over time.