

Confidential Credit Application

(Complete All Lines)

Compa	ny Nam	e:										
Mailing	Addres	ss:										
City:				State:				Zi	p:			
Phone:						Fax:						
Physica	l Addre	ss:										
City:				State:				Zi	p:			
Phone:						Fax:						
Is this company a division or subsidiary of another firm? If so, give name and address of parent.												
Company Name:												
Mailing	Addres	ss:										
City:				State:				Zi	p:			
Phone:						Fax:						
Type of	busine	ss entity:	entity: Proprietorship			Partnership			Cor	Corporation-Incorporated		
In what	hat state? Feder			al ID#			Date	e Started:				
President/Owner Information												
Name:						Socia	al Security #					
Home A	Address											
City:				State:				Zi	p:			
Home Phone:					Cell Phone:							
Sales Tax: Are you taxable or tax exempt? If tax exempt complete ST-8A form.												
Do your require purchase order numbers?					Yes No							



Authorized Buyer(s) Information											
	Name:		Email #:					Cell Phone #:			
Name o	f person resp	onsible foracco	unts	payable:	:						
Phone:		Fax	Fax:			Email:					
Bank References											
Bank #1	•					Account #					
Address	:					Phone					
Bank #2						Accou					
Address	:						Phone:				
Credit References											
		Plea	se lis	st at least c	ne stee	l referenc	e				
#1 Company Name											
Phone:		_			Fax:						
#2 Company Name											
Phone:					Fax:						
#3 Company Name											
Phone:					Fax:						
How much do you except to purchase in one month? \$											
Financial statements may be required for credit line over \$5000.00											
How do you unload your material?											



What	is your maximum lifting ca	pacity?							
What a	are your receiving hours?								
Specia	Special instructions or requests?								
**All lines must be filled out and application signed before account can be set up. **									
Signature below verifies that the applicant hereby requests open account status and authorizes normal inquiries needed to evaluate this request. We certify that all information on this form is correct.									
Terms are Net 30 Days. A 1 ½ % finance charge will be assessed on all amounts over terms. Customer also agrees to pay all legal costs in the event of default. Officer/Owner of company personally guarantees all amounts owed by the company. Ali sales are final in Anderson, South Carolina. Any legal disputes with respect to any invoice must be adjudicated in Anderson County, South Karolina. Seller shall not be liable for any loss or damage arising from delay in fulfilling any accepted order in accordance with its terms or for delays in delivery. This form supersedes all others previously used.									
I have read and agree to all terms. Accounts will not be granted without signature by an authorized agent of your company.									
X			X						
	Company Officer (Owner) S	Signature		Print Name					
Title:		Social Security #	ŧ		Date:				