

Credit Account Application

Date: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Years in Business: _____

Business Type: Sole Proprietorship Partnership Corporation in State of: _____

Phone Number: _____ Fax Number: _____ Federal Tax ID#: _____

Name and Address of Individual or Partners: _____

Trade References: Company Name, Address, Contact, Phone and Fax Number

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Applicant's signature must be signed by an officer of the company and attests financial responsibility, ability and willingness to pay for all purchases and service charges incurred, in accordance with our terms of Net 30. It is understood and agreed that should this account at any time not be paid within agreed billing terms the undersigned will pay interest on the sum due at the maximum rate allowed by law, accruing daily beginning the day after the sum becomes due and payable, and ending on the day the sum is paid in full. Should this account be placed with an outside collection service and/or attorney for collection (whether or not suit is filed), the undersigned will pay a 25% collection fee or a 35% attorney/collection fee, court costs, and all expenses incurred in connection with collecting past due amounts.

The above information is herewith submitted for the purpose of opening an account and I do hereby certify this information to be true.

Signed: _____ Name (pls print): _____

Title: _____ Date: _____



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