

(205) 620-9299 Fax: (205)664-9053

OFFICE USE ONLY							
Sales Rep.							
Sales Loc.							

Customer Credit Application: To establish credit for new business, this information is needed to allow us to promptly process your orders. Please complete and return by mail or fax, attention Credit Manager. Selling terms are Net 30 days from shipping.

1. Company Information						
Full Legal Name/Business Entity				Phone #	#	Fax #
Doing Business As (DBA)						
Billing Address			City			Zip
Company Type:				Credit I	ine Requested	1
☐ Proprietorship ☐ Partnership	☐ Franchise	☐ Corporation	n □ Other:	Great I	ane requested	•
No. of Employees	Year Business	s Established		Annual	Sales	Type of Business
Federal Tax ID (If Incorporated)		State of	State of Incorporation			Credit Amount Requested
E-Mail Address(es):					Website:	
2. Owner Information						
Full Name (including middle initial)			Title		Social Secur	rity #
Home Address			City	State	Zip	Phone #
3. Bank References						
Bank Name		Accoun	Account Number Contact			
Address			City	State	Zip	Phone #
4. Trade Credit References						
Company Name					Contact	
Address	City	State	Zip	Phone #	#	Fax#
Company Name					Contact	
Company I vanic					Contact	
Address	City	State	Zip	Phone #	#	Fax#
information on us, including b	nformation is vout not limited onthly finance of this litigation on the	warranted to to bank refe charge of the is account in	be true and corrences, trade of maximum aparacordance of	omplete. We credit reference oplicable state with the laws	e hereby authors, consumer rate on all softhe Cree	thorize you to verify and collect mer and/or commercial credit I past due balances. We agree to ditor's State of Incorporation.
Authorized Signature/Title:				Date:		