



BUSINESS CREDIT APPLICATION

Upon completion please forward the form
either by fax or email to the following:

Fax: (864) 234-7287

Sales Rep _____

Amount of credit required (30 day basis):			
Business Information			
Ownership: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other (specify) _____			
Registered Name of Business			
Registered Address			
City/Town		State/Province	Postal Code
Telephone	Fax	Email	Internet Address
Type of Business			Years in Business
Accounts Payable Contact and Contact Details (Inc: Name/Telephone/Fax/Email)			

<i>Name</i>	<i>Telephone</i>	<i>Fax</i>	<i>Email</i>
Operating Name of Business – If different			
Operating Address of Business – If different			
Company Officers, Partners, Principles			
Name			Title
Name			Title
Name			Title
Credit Information			
Bank Name	Account #	Transit #	Telephone
Address			City/Town
Name of Parent Company			
Address			
City/Town		State/Province	Postal Code
Telephone			Fax
Nature of Business			Years in Business
Credit Cards (to be used for payment)			
Card #		Expiration Date	Month Year
Charge Sales to Card (check if yes) <input type="checkbox"/> Credit Card Authorization (check one) Each Delivery <input type="checkbox"/> At End of Month <input type="checkbox"/>			
PO's Required (check if yes) <input type="checkbox"/>			

Trade References

Company Name	Contact
--------------	---------

Address

Telephone	Fax
-----------	-----

Company Name	Contact
--------------	---------

Address

Telephone	Fax
-----------	-----

Company Name	Contact
--------------	---------

Address

Telephone	Fax
-----------	-----

Has the firm or any of its principals ever been Bankrupt? Yes No

If Yes, explain _____

Any misrepresentation in this application will be considered evidence of fraud, since this information is the basis for extending credit. As a requirement to grant credit, the undersigned warrants that the information is true and correct. You are authorized to investigate the credit reference and principals listed.

In consideration for the extension of credit, said business promises to pay for all purchases within the terms agreed (NET 30 DAYS) and agrees to pay a service charge per month of 1-1/2% per month (18% annual percentage rate) on all past due balances. In the event any third parties are employed to collect any outstanding monies owed by said business the undersigned agrees to pay reasonable collection costs, including attorney fees, whether or not litigation has commenced, and all costs of litigation incurred. The undersigned represents the he/she has the authority to execute this credit agreement on behalf of the business identified.

Name of Business

_____ Print Name	_____ Title	_____ Signature
---------------------	----------------	--------------------

_____ Print Name	_____ Title	_____ Signature
---------------------	----------------	--------------------

CREDIT DEPARTMENT USE ONLY

Date: _____

Line of Credit: Approved / Denied Amount \$ _____

Comments: