



Confidential Credit Application
 Complete and fax to 404.768.9006

Firm Name: _____
 Street Address: _____

Mailing/Billing: _____

Owner Name: _____
 Billing Contact: _____

Persons authorized to purchase _____

Bank Name: _____
 Bank Address: _____

Account Number: _____

Trade Reference: _____

Trade Reference: _____

Trade Reference: _____

Telephone: _____
 Fax: _____
 email: _____

Tax Resale # _____
 Fed Tax ID # _____

Corporation? Yes No

Partnership? Yes No

PO# Required? Yes No

Title: _____
 Title: _____
 Title: _____

Phone: _____
 Fax: _____
 Contact Name: _____

Phone: _____
 Fax: _____
 Contact Name: _____

Phone: _____
 Fax: _____
 Contact Name: _____

Phone: _____
 Fax: _____
 Contact Name: _____

The above information is provided for the purpose of extending credit to our company on your Net 30 Day terms. To the best of my knowledge and belief the information above is accurate and may be relied on in making you credit decision. We authorize our bank and vendors to furnish you any information necessary to complete your evaluation of our credit hisotry. We authorize you to use any Credit Reporting Agency to obtain credit information in evaluating our company for an "Open Account".

Name (print) _____

Date: _____

Signature: _____

Title: _____