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# CREDIT APPLICATION

COMPANY NAME \_\_\_\_\_ BILLING \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ ADDRESS \_\_\_\_\_  
 (STREET) \_\_\_\_\_  
 TELEPHONE (\_\_\_\_) \_\_\_\_\_ TELEPHONE (\_\_\_\_) \_\_\_\_\_

ACCOUNTS PAYABLE CONTROLLER OR REPRESENTATIVE \_\_\_\_\_

DESCRIPTION OF BUSINESS \_\_\_\_\_

PARENT COMPANY NAME AND ADDRESS \_\_\_\_\_

HOW LONG IN BUSINESS \_\_\_\_\_ NUMBER OF EMPLOYEES \_\_\_\_\_ FEIN# \_\_\_\_\_

TYPE OF COMPANY: ( ) CORPORATION ( ) PARTNERSHIP ( ) PROPRIETORSHIP

STATE OF INCORPORATION \_\_\_\_\_ EXEMPT FROM TAXES: ( ) YES ( ) NO

SALES TAX EXEMPTION NUMBER \_\_\_\_\_ RESALE TAX NUMBER \_\_\_\_\_

LIST BELOW FULL NAME AND ADDRESS OF OFFICERS, PARTNER, PROPRIETOR

| NAME | POSITION OR TITLE | ADDRESS: STREET, CITY, STATE & ZIP |
|------|-------------------|------------------------------------|
| 1.   |                   |                                    |
| 2.   |                   |                                    |
| 3.   |                   |                                    |
| 4.   |                   |                                    |

**BANK REFERENCE:**

NAME: \_\_\_\_\_ TELEPHONE: (\_\_\_\_) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ BUSINESS CHECKING ACCT. NO. \_\_\_\_\_

**CREDIT REFERENCES: LIST BELOW THREE SUPPLIERS YOU ARE CURRENTLY DOING BUSINESS WITH**

| NAME | TELEPHONE | ADDRESS |
|------|-----------|---------|
| 1.   |           |         |
|      | FAX:      |         |
| 2.   |           |         |
|      | FAX:      |         |
| 3.   |           |         |
|      | FAX:      |         |

**GENERAL PROVISIONS, CERTIFICATIONS AND AUTHORIZATION TO RELEASE INFORMATION**

I HEREBY CERTIFY THAT THE INFORMATION PROVIDED IN THIS CREDIT APPLICATION IS CORRECT. THE APPLICANT AUTHORIZES THE ABOVE NAMED CREDITOR TO OBTAIN A WRITTEN OR ORAL CREDIT REPORTS FROM ANY CREDIT REPORTING AGENCY. THE APPLICANT FURTHER AUTHORIZES ANY BANK OR COMMERCIAL BUSINESS WITH WHOM THE APPLICANT IS DOING OR HAS DONE ANY TYPE OF BUSINESS TO GIVE ANY AND ALL NECESSARY INFORMATION TO THE CREDITOR WHICH WILL ASSIST CREDITOR IN THE CREDIT INVESTIGATION. THE APPLICANT FURTHER AUTHORIZES THE CREDITOR TO REINVESTIGATE THE APPLICANT'S CREDIT STATUS FROM TIME TO TIME AS THE CREDITOR DEEMS NECESSARY. SHOULD CREDITOR UPON SUCH REINVESTIGATION DEEM IS NECESSARY TO LIMIT OR TERMINATE THE CREDIT ARRANGEMENT WITH APPLICANT, SAID APPLICANT SHALL BE NOTIFIED IN WRITING AS TO ANY ADVERSE ACTION. UPON APPROVAL OF THIS APPLICATION FOR CREDIT, SAID APPLICANT WILL BE NOTIFIED IN WRITING ALONG WITH THE CREDITORS' TERMS OF SALE. SHOULD APPLICANT AT SOME FUTURE TIME DEVIATE FROM THE CREDITORS' TERMS OF SALE, SAID CREDITOR RESERVES THE RIGHT TO TERMINATE FUTURE EXTENSION OF CREDIT WITH APPLICANT.

IF CREDIT IS EXTENDED, I (WE) AGREE TO PAY CREDITOR ALL DEBTS INCURRED WITHIN CREDITORS' TERMS OF SALE. I (WE) EXPRESSLY WAIVE ALL RIGHT OR EXEMPTION UNDER THE CONSTITUTION AND LAWS OF THE STATE OF ALABAMA AND ANY OTHER STATE, AS TO PERSONAL PROPERTY AND I (WE) AGREE TO PAY ALL COST OF COLLECTION OR ATTEMPTING TO COLLECT OR SECURE ANY AND ALL DEBTS WHICH I (WE) NOW OWE OR WHICH I (WE) MAY IN THE FUTURE OWE CREDITOR FOR GOODS SOLD ME (US) OR FOR SERVICES RENDERED INCLUDING A REASONABLE ATTORNEY'S FEE ON THE UNPAID DEBT SO LONG AS ANY OF SAID INDEBTEDNESS IS DUE AND UNPAID. I ALSO AGREE TO PAY A **FINANCE CHARGE OF 1 1/2% PERCENT PER MONTH (ANNUAL PERCENTAGE OF 18%)** ON ANY UNPAID PAST DUE BALANCE. CREDITOR IS HEREBY AUTHORIZED TO DELIVER GOODS OR PERFORM SERVICES FOR THE FOLLOWING AT MY (OUR) REQUEST AND CHARGE SAME TO MY (OUR) ACCOUNT. THIS SHALL CONTINUE UNTIL WRITTEN NOTICE TO THE CONTRARY IS GIVEN AND ACCEPTED, WHICH ACCEPTANCE SHALL BE EVIDENCED BY SIGNATURE OF CREDITOR.

APPLICANT'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_  
DATE \_\_\_\_\_