

# Credit Application

## Name/Address

Last:	First:	Middle Initial:	Title
Name of Business:			Federal I.D. Number:
Address:			
City:	State:	ZIP:	Phone:

## Company Information

Type of Business:	In Business Since:			
Legal Form Under Which Business Operates:	Partnership Proprietorship			
Corporation				
If Division/Subsidiary, Name of Parent Company:	In Business Since:			
Name of Company Principal Responsible for Business Transactions:	Title:			
Address:	City:	State:	ZIP:	Phone:
Are Purchase Orders Required?				
AP Contact:	Phone:	Email:		
Email Address for Statements & Invoices:				

## Bank References

Institution Name:	Institution Name:	Institution Name:	
Checking Account #:	Savings Account #:	Home Equity Loan:	Loan Balance:
Address:	Address:	Address:	
Contact:	Contact:	Contact:	
Email:	Email:	Email:	
Phone:	Phone:	Phone:	
Fax:	Fax:	Fax:	



P.O. Box 485  
 765 Conyers Rd.  
 Loganville, GA 30052  
 Office: 678-271-3999  
 Fax: 678-271-3998

### Trade References

Company Name:	Company Name:	Company Name:
Contact Name:	Contact Name:	Contact Name:
Address:	Address:	Address:
Email:	Email:	Email:
Phone:	Phone:	Phone:
Account Opened Since:	Account Opened Since:	Account Opened Since:
Credit Limit:	Credit Limit:	Credit Limit:
Current Balance:	Current Balance:	Current Balance:

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein. I understand all invoices are due upon receipt.

\_\_\_\_\_  
*Signature/Title*

\_\_\_\_\_  
*Date*