

## **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:	☐ Partnership ☐ Corpo	oration 🚨 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)				
Name	Telephone Fax	x Email		
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) ☐ Credit Card Authorization (check one) Each Delivery ☐ At End of Month ☐				
PO's Required (check if yes) □				

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				
is the basis for extending credit. A	olication will be considered evidend As a requirement to grant credit, the ou are authorized to investigate the	e undersigned warrants that the		
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		
C	REDIT DEPARTMENT USE ONL	Y		
Date:				
Line of Credit: Approved / Comments:	Denied Amount \$			