



PO BOX 189 Linwood, NC 27299  
4264 Old Linwood Rd Linwood, NC 27299  
P 1.800.861.0734 F 1.800.861.0737

# CREDIT APPLICATION

Company Name \_\_\_\_\_

Applicant's Name (person to contact re: application) \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ Fed. Tax I.D. # \_\_\_\_\_

Shipping Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

AP Contact \_\_\_\_\_ AP Email \_\_\_\_\_

Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Proprietorship \_\_\_\_\_ Number of Years in Business \_\_\_\_\_

Resale/Tax Exemption # (Please provide a copy of Resale /Tax Exemption Certificate) \_\_\_\_\_

### Names of Owners, Partners or President

NAME

TITLE

\_\_\_\_\_  
\_\_\_\_\_

### Banking Reference

Name \_\_\_\_\_ Loan Officer \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Trade Reference (3 Required)

Company \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ Contact \_\_\_\_\_

Company \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ Contact \_\_\_\_\_

Company \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ Contact \_\_\_\_\_

THE ABOVE INFORMATION IS HEREWITH SUBMITTED FOR THE PURPOSE OF OPENING AN ACCOUNT AND I DO HEREBY CERTIFY THIS INFORMATION TO BE TRUE.

Signature \_\_\_\_\_ Title \_\_\_\_\_

Date \_\_\_\_\_

WOULD YOU LIKE MORE INFORMATION?  Send PRODUCT CATALOG(S)  
QUANTITY \_\_\_\_\_

Send SALES BROCHURE(S)  
QUANTITY \_\_\_\_\_