



105 Hadley Drive
Thomasville, GA 31792
tel 800.299.1349
fax 229.226.1362

CREDIT APPLICATION

Business Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Years in Business: _____

Business is A: Corporation Partership Proprietorship Other

OWNERSHIP Names of Principles or Officers:

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

REFERENCES: Kindly provide three (3) credit references:

1. _____
BUSINESS NAME COMPLETE STREET ADDRESS ZIP PHONE

2. _____
BUSINESS NAME COMPLETE STREET ADDRESS ZIP PHONE

3. _____
BUSINESS NAME COMPLETE STREET ADDRESS ZIP PHONE

FINANCE: Kindly provide us with the name of the bank(s) where you have business accounts:

1. Bank: _____ Account Number: _____

Address _____

2. Bank: _____ Account Number: _____

Address _____

We certify that all the information on this form is correct. We fully understand your credit terms and terms of payment (as provided with estimate and agree to the proper payment in consideration of these terms and of any extended credit amount.

(Signed) _____ Date _____

(Title) _____