



CREDIT APPLICATION

Confidential Preliminary Customer Data

144 East Street, North
Post Office Box 497 (35161)
Talladega, Alabama 35160
Phone 256-362-6104
1-800-631-7283
Fax 256-362-5103

24 West Second Street
Post Office Box 1327
Sylacauga, Alabama 35150
Phone 256-249-4941
Fax 256-249-0569

NAME OF BUSINESS _____

TYPE OF ORGANIZATION _____

HOW LONG HAVE YOU BEEN IN BUSINESS? _____

NAME OF OWNER / PRESIDENT _____

PURCHASING AGENT / PRINCIPAL CONTACT _____

ACCOUNTS PAYABLE CONTACT NAME _____

ACCOUNTS PAYABLE EMAIL ADDRESS _____

BILLING ADDRESS _____

SHIPPING ADDRESS _____

CITY / STATE / ZIP _____

PHONE _____ FAX _____

WEBSITE and/or EMAIL ADDRESS(es) _____

OTHER PERSONS AUTHORIZED TO PURCHASE FOR YOUR COMPANY: _____

VENDOR CREDIT REFERENCES (Name, Address, Phone):

1. _____

2. _____

3. _____

BANK REFERENCE & ACCOUNT #:

Please sign and return this form to our office. We must have this form on file with your signature before we can ship orders on an open account.

TERMS AND CONDITIONS: *The Purchaser agrees to pay all new invoices WITHIN TEN (10) DAYS FOLLOWING THE MONTH OF PURCHASE AND LATER CHARGES IF INCURRED. All Past Due accounts shall bear interest from and after due date at the rate of eighteen percent (18%) per annum. If collected through a collection agency, court, probate or bankruptcy proceeding, seller shall be entitled to recover reasonable court costs, attorney's fees and/or collection fees.*

Your signature is acknowledgement that you understand and agree to abide by the above terms and conditions.

Signature _____ Date _____