



# Confidential Credit Application

6334 Buford Hwy Norcross, GA 30071 phone 770-448-7446 fax 770-448-0384

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

Address: \_\_\_\_\_ City / State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Type of Business:  Partnership  Corporation  Proprietorship  Other

Industry: \_\_\_\_\_ Year Established: \_\_\_\_\_

Principle Members of Firm: (1) Name: \_\_\_\_\_ Title: \_\_\_\_\_

(2) Name: \_\_\_\_\_ Title: \_\_\_\_\_

## BANK REFERENCE

Bank Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Account #: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Federal TIN: \_\_\_\_\_

Resale # & State: \_\_\_\_\_

Duns #: \_\_\_\_\_

## TRADE REFERENCES (list 3)

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

I hereby authorize all references including banks to release any and all information pertaining to my account.

I hereby agree to pay in full within the prescribed terms stated in proposal and I further agree to pay all reasonable collection costs, attorney's fees and court costs if necessary to collect.

Signature: \_\_\_\_\_ Name & Title: \_\_\_\_\_ Date: \_\_\_\_\_