



7826 Park Place Road, York, SC 29745
(803) 684-2286, Fax (803) 684-1185

Credit Account Application

Company Name: _____

Billing Address: _____ City: _____ State: _____ Zip: _____

Ship To Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ Number of Years In Business: _____

D&B Number _____ FED ID # _____ Amount of Credit requested: \$ _____

Is your company a wholesaler, Distributor or Reseller? _____ (If yes, please attach completed resale certificate)

Is your company tax exempt? _____ (If yes, please attach tax exempt certificate)

Corporate Officers:

Printed Name	Title	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

A/P Contact: _____ Purchasing Manager: _____

Bank Name/Address: _____ City: _____ State: _____ Zip: _____
Account #: _____

Contact Name: _____ Telephone: _____ Fax: _____

Trade Ref Name/Address: _____ City: _____ State: _____ Zip: _____
Account #: _____

Contact Name: _____ Telephone: _____ Fax: _____

Trade Ref Name/Address: _____ City: _____ State: _____ Zip: _____
Account #: _____

Contact Name: _____ Telephone: _____ Fax: _____

Trade Ref Name/Address: _____ City: _____ State: _____ Zip: _____
Account #: _____

Contact Name: _____ Telephone: _____ Fax: _____

The undersigned authorizes the creditor to obtain credit and/or financial information from my/our bank and other financial institutions to be used in consideration of this application. Upon approval of this application, it is agreed that all purchases will be paid in full in accordance with the terms of sale as stated on the invoice. The undersigned further agrees to pay all collection & legal expenses, attorney fees, and the maximum interest allowed by law, of past due amounts.

Authorized Signature: _____ Title: _____ Date: _____

Printed Name: _____

For SunBelt use only			
Approval By: _____			
Customer ID _____	Sales ID _____	Terms _____	Credit Limit _____