



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 \_\_\_\_\_

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

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

Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_ A.P. Contact \_\_\_\_\_

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

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

Tax ID # \_\_\_\_\_

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

Names of Owners, Partners or President

NAME

TITLE

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

Banking Reference

Name \_\_\_\_\_

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

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

Trade Reference (4 Required)

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

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 \_\_\_\_\_