



117 Cedar Lane Drive, Lexington, NC 27292
P 1.800.861.0734 F 1.800.861.0737

CREDIT APPLICATION

Company Name _____

Applicant's Name (person to contact re: application) _____

Billing Address _____

City _____ State _____ Zip Code _____

Phone () _____ Fax () _____ Fed. Tax I.D. # _____

Shipping Address _____

City _____ State _____ Zip Code _____

AP Contact _____ AP Email _____

Corporation _____ Partnership _____ Proprietorship _____ Number of Years in Business _____

RESALE/TAX EXEMPTION # (Please provide a copy of Resale /Tax Exemption Certificate) _____

Names of Owners, Partners or President

NAME

TITLE

Banking Reference

Name _____ Loan Officer _____

Address _____ City _____ State _____ Zip _____

Trade Reference (3 Required)

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 _____

WOULD YOU LIKE MORE INFORMATION? Send PRODUCT CATALOG(S)
QUANTITY _____

Send SALES BROCHURE(S)
QUANTITY _____