



P.O. Box 1323 • Waycross, Ga. 31501 • (912) 449-4011

CREDIT APPLICATION

COMPANY NAME: _____
 ADDRESS: _____
 CITY/STATE/ZIP: _____
 TELEPHONE NUMBER: _____ FAX NUMBER _____
 PRESIDENT/OWNER: _____
 SOCIAL SECURITY #: _____ TAX I.D. # _____
 ACCTS PAYABLE: _____
 TYPE OF BUSINESS CORPORATION PARTNERSHIP OWNER

BANK INFORMATION

COMPANY: _____
 ADDRESS: _____
 CITY/STATE/ZIP: _____
 TELEPHONE NUMBER: _____ FAX NUMBER: _____
 CONTACT: _____
 ACCOUNT NUMBER: _____
 NORMAL BALANCE: _____

VENDOR INFORMATION

COMPANY:	_____	_____	_____
ADDRESS:	_____	_____	_____
CITY/STATE/ZIP:	_____	_____	_____
TELEPHONE # :	_____	_____	_____
FAX NO. :	_____	_____	_____
CONTACT:	_____	_____	_____
HIGH CREDIT:	_____	_____	_____
CURRENT OWED	_____	_____	_____
TERMS:	_____	_____	_____
LENGTH OF			
ASSOCIATION:	_____	_____	_____
PAYMENT			
HISTORY:	_____	_____	_____

INFORMATION CHECKED/APPROVED BY _____ DATE _____

PAYMENT TERMS ARE NET 30 DAYS. A FINANCE CHARGE OF 1.5% PER MONTH IS ASSESSED TO ALL UNPAID BALANCES OVER 30 DAYS. BY SIGNING THIS APPLICATION I AGREE TO THE TERMS OF PAYMENT OUTLINED ABOVE AND AUTHORIZE YOU TO CONTACT THE SOURCES LISTED ABOVE TO OBTAIN CREDIT INFORMATION.

SIGNATURE _____ DATE _____