



# BUSINESS CREDIT APPLICATION

Upon completion please forward the form  
either by fax or email to the following:

Fax: (864) 234-7287

Sales Rep \_\_\_\_\_

<b>Amount of credit required (30 day basis):</b>			
<b>Business Information</b>			
Ownership: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other (specify) _____			
Registered Name of Business			
Registered Address			
City/Town		State/Province	Postal Code
Telephone	Fax	Email	Internet Address
Type of Business			Years in Business
Accounts Payable Contact and Contact Details (Inc: Name/Telephone/Fax/Email)			
<i>Name</i>		<i>Telephone</i>	<i>Fax</i> <i>Email</i>
Operating Name of Business – If different			
Operating Address of Business – If different			
<b>Company Officers, Partners, Principles</b>			
Name			Title
Name			Title
Name			Title
<b>Credit Information</b>			
Bank Name	Account #	Transit #	Telephone
Address			City/Town
Name of Parent Company			
Address			
City/Town		State/Province	Postal Code
Telephone			Fax
Nature of Business			Years in Business
<b>Credit Cards (to be used for payment)</b>			
Card #		Expiration Date	Month    Year
Charge Sales to Card (check if yes) <input type="checkbox"/> Credit Card Authorization (check one) Each Delivery <input type="checkbox"/> At End of Month <input type="checkbox"/>			
PO's Required (check if yes) <input type="checkbox"/>			

