



109 Aiken Street  
Batesburg-Leesville, SC 29006-1920  
Phone (803) 532-2949  
Fax (803) 532-4368  
Toll Free (800) 741-2499

### APPLICATION FOR BUSINESS ACCOUNT

Company Name: \_\_\_\_\_ Date: \_\_\_\_\_

Street (Address For Billing Purposes): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

CHECK ONE: Corporation Company Partnership Sole Proprietorship

Year of Founding or Date of Incorporation: \_\_\_\_\_ State: \_\_\_\_\_

Bank Reference (Contact Person):

Bank Name	Street Address	City	State	Zip	Phone
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**TRADE REFERENCES:** (Please include complete addresses. Do not use oil companies, credit cards, or public utilities, since these firms will not confirm such information.)

1. \_\_\_\_\_  
 Company Name Phone Fax

Address	City	State	Zip
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2. \_\_\_\_\_  
 Company Name Phone Fax

Address	City	State	Zip
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3. \_\_\_\_\_  
 Company Name Phone Fax

Address	City	State	Zip
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#### COMPANY OWNERS OR OFFICERS:

President, Owner or Administrator \_\_\_\_\_

Treasurer \_\_\_\_\_

Accounts Payable Contact Person \_\_\_\_\_

# CREDIT TERMS

It is understood that all purchases made are payable in thirty (30) days. Accounts not paid in accordance with these terms will be charged a 1.5% monthly service charge which is equal to 18% APR.

Date: \_\_\_\_\_

\_\_\_\_\_  
**Authorized Signature**

\_\_\_\_\_  
**Print Name / Title**

## AUTHORIZATION FOR BANK CREDIT INQUIRY

I hereby authorize the (Name of Bank) \_\_\_\_\_ to reveal normal credit information to our Credit Manager for the purpose of consideration of the establishment of trade credit.

**Name of Account:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_

**Authorized Signature:** \_\_\_\_\_

If you need more than one invoice and/or statement copy, please state requirements:

\_\_\_\_\_

Do you require Purchase Orders?                      YES                      NO

Estimated monthly credit requirements:    \$ \_\_\_\_\_

Sales Tax Status:                      TAXABLE                      EXEMPT (\*)                      VARIABLE BY PO

Describe normal purchasing procedures: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name and Title of person(s) primarily responsible for purchasing: \_\_\_\_\_

Name: \_\_\_\_\_                      E-Mail: \_\_\_\_\_

Others who may place orders: \_\_\_\_\_

**Thank You for Your Time and Effort in Completing This Application**

(\*) If exempt, please provide copy of exemption certificate for our files.