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PO BOX 340 PELHAM, AL 35124

CREDIT APPLICATION

	BUSINESS C	CONTACT INFORMATION		
Title:				
Company name:				
Phone:	Fax:	E-mail:		
Registered company addr	ess:			
City:		State:	ZIP Code:	
Date business commenced	J:			
Sole proprietorship:	Partnership:	Corporation:	Other:	
	BUSINESS AN	ID CREDIT INFORMATION		
Primary business address	:			
City:		State:	ZIP Code:	
How long at current addre	ess?			
Telephone:	Fax:	E-mail:		
Bank name:				
Bank address:		Phone:	Phone:	
City:		State:	ZIP Code:	
	BUSINESS	S/TRADE REFERENCES		
Company name:				
Address:				
City:		State:	ZIP Code:	
Phone:	Fax:	E-mail:		
Type of account:				
Company name:				
Address:				
City:		State:	ZIP Code:	
Phone:	Fax:	E-mail:		
Type of account:				
Company name:				
Address:				
City:		State:	ZIP Code:	
Phone:	Fax:	E-mail:		
Type of account:				
		AGREEMENT		
1. All invoices are to be	paid 30 days from the dat	e of the invoice.		
-	voices must be made with			
	blication, you authorize A nces that you have supplie		uiries into the banking and	
	:	SIGNATURES		
Title: Date:		Title: Date:		