



FAX COMPLETED APPLICATION AND A COPY OF YOUR TAX-ID NUMBER TO 800-256-3304

Check, If order pending

205 Buxton Court • Lilburn, GA 30047
Phone 770.921.2464 • 800.654.7224
Fax 770.921.4370 • 800.256.3304

CREDIT APPLICATION

Company Name:

Sales Contact:

Bill to Address:

City: State: Zip: County:

Ship to Address:

City: State: Zip: County:

Phone: Fax:

Tax Exemption # (Certificate must be attached or tax will be charged on each invoice.)

Organization Type: Corporation Partnership Proprietorship Date Business opened:

Owner's Name: President Name:

Accounts Payable Person: Accounts Payable phone #

Financial Information

Bank Name: Account # Phone #

Trade References: (Additional references may be need) Telephone # / Fax #

- 1.
2.
3.
4.

Submitted By: Date:

This section filled out by Sales Person & Accounting Dept.
1. DDM Salesman #:
2. Price Code:
3. Freight:
4. Customer Type:
5. Terms:
6. Date Received:
7. Date Account Opened:
8. Credit Limit:
Special Instructions: