



CREDIT APPLICATION

Date _____ Taxable Tax Exempt Tax Exempt Number _____
Must attach tax exempt certificate

Company Name _____ SIC Code _____

Billing Address _____

Ship to Address _____

CONTACTS *(Must be completed to approve credit)*

Purchasing _____ Email _____

Phone _____ Fax _____

Accounts Payable _____ Email _____

Phone _____ Fax _____

TRADE REFERENCES

Business _____

Contact _____ Email _____

Phone _____ Fax _____

Business _____

Contact _____ Email _____

Phone _____ Fax _____

Business _____

Contact _____ Email _____

Phone _____ Fax _____

I understand that the information furnished to you on this page is for the purpose of obtaining credit from your firm. That I am authorized, in my capacity, to bind by our firm accordingly. I agree that all accounts or monies due shall be payable to your place of business and that all past due accounts, notes, or judgments shall automatically draw interest at the rate of eighteen percent (18%) per annum.

Name _____ Title _____

How did you hear about us? _____

Please submit completed form to credit@southernfasteners.com or fax to 336-765-9987