

CREDIT APPLICATION

OFFICE: 251-662-9479 FAX: 251-633-4261 WWW.STEELWOODENTRIES.COM

CONTACT INFORMATION										
YOUR NAME					TITLE					
EMAIL					PHONE					
BUSINESS INFOR	RMATIO	N AS REG	ISTERED							
COMPANY NAME				PHONE						
BILLING ADDRESS					SHIPPING ADDRESS					
CITY	STATE		ZIP		CITY	STATE	ZIP			
PHONE FAX					PHONE		FAX			
REGISTERED AGEN	NT			NUMBER OF LOCATIONS						
FEDERAL TAX ID					WEBSITE					
TYPE OF BUSINESS: SOLE PROPRIETORSHIP PARTNERSHIP LLC CORPORATION OTHER										
OWNER/ OFFICE	OWNER/ OFFICER INFORMATION									
NAME & TITLE		SSN#		STREET ADDRESS		CITY	STATE	ZIP		
						FAAAU				
			TITLE	EMAIL EMAIL						
PHONE: FAX AUTHORIZ					LED BUTERS					
BANK INFORMA	TION									
BANK NAME					CONTACT NAME					
ADDRESS					PHONE					
CITY		STATE			ZIP CODE					
TYPE OF ACCOUNT					ACCOUNT NUMBER					
BUSINESS REFERENCES										
Please provide us at least three other companies your business has established credit with previously										
1 COMPANY					CONTACT NAME					
PHONE					EMAIL					
ADDRESS					TITLE					
CITY			STATE			ZIP CODE				
2 COMPANY					CONTACT NAME					
PHONE					EMAIL					
ADDRESS				TITLE						
CITY			STATE			ZIP CODE				
			1			1				

BUSINESS REFERENCES								
Continued from previous page								
3 COMPANY		CONTACT NAME						
PHONE		EMAIL						
ADDRESS		TITLE						
CITY	STATE		ZIP CODE					
4 COMPANY		CONTACT NAME						
PHONE		EMAIL						
ADDRESS		TITLE						
CITY	STATE		ZIP CODE					
We certify that the above information is TRUE and CORRECT. In the event an open account is established for our company, we agree to pay your invoices promptly when they are due and further agree, in the event of default of payment, to pay your attorneys' fees equal to 20% of the outstanding balance, plus costs of collection. Once any balance becomes past due, all outstanding invoices shall become immediately due. It is agreed that the laws of Alabama shall apply to any questions arising out of our transacting business with you and that our open account credit privileges may be canceled or altered at any time at our sole discretion. All business transactions will be in accordance with the payment terms listed below. It is also agreed that a monthly service charge of 1.5% will be assessed on all past due balances. It is acknowledged that the below signature(s) represents a corporate and personal guarantee to secure all credit extended to our company. PAYMENT TERMS NET 30 DAYS TITLE NAME DATE								
2 SIGNATURE		TITLE						
NAME		DATE						
NOTES & COMMENTS								
			PAGE 2 OF 2					