



210 S. Cedar Street  
 Summerville, SC 29483  
 Tel: (843) 797-3111  
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## BUSINESS CREDIT APPLICATION

Company Name _____		Type of Business _____		Phone Number _____		Fax Number _____	
Billing Address _____				Shipping Address _____			
City _____		State _____		Zip _____		City _____	
State _____		Zip _____		State _____		Zip _____	
Type of Ownership:		Corporation: <input type="checkbox"/>		Partnership: <input type="checkbox"/>		Sole Proprietor: <input type="checkbox"/>	
		Government: <input type="checkbox"/>		Non-Profit: <input type="checkbox"/>			
Tax Exempt? <input type="checkbox"/> Yes <input type="checkbox"/> No		Federal Tax ID# _____		Years In Business _____			
(If yes, please include resale card with application)							
Parent Company Name if Different than Above: _____							
Address, City, State, Zip _____				Phone Number _____		Fax Number _____	
<b>Bank References</b>							
1) Name: _____		Phone: _____		Fax: _____			
Acct# _____		Contact: _____					
2) Name _____		Phone: _____		Fax: _____			
Acct# _____		Contact: _____					
<b>Open Accounts References</b>							
1) Company: _____		Contact: _____		Phone: _____			
Address: _____				Fax: _____			
2) Company: _____		Contact: _____		Phone: _____			
Address: _____				Fax: _____			
3) Company: _____		Contact: _____		Phone: _____			
Address: _____				Fax: _____			
Amount of Credit Requested:     \$ _____							
I hereby certify that the information in this credit application is correct. The information included in this credit application is to be used to determine the amount and conditions of credit to be extended. I hereby authorize the bank and trade references listed in this credit application to release the information necessary to assist in establishing a line of credit.							
Authorized Signature: _____				Date: _____			
Printed Name: _____				Title: _____			