

KNIGHT'S DRYWALL SUPPLY

706-629-1494 OFFICE

1165 MAULDIN RD. CALHOUN, GA 30701

706-625-9444 FAX

APPLICATION FOR CREDIT

DATE: _____ INDIVIDUAL OR BUSINESS NAME: _____

BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

BUS. PHONE: _____ HOME PHONE: _____

PAGER/CELL #: _____ E-MAIL ADDRESS: _____

FOR BUSINESS ACCOUNTS:

TYPE OF BUSINESS: _____

DO YOU REQUIRE A PURCHASE ORDER? _____ TAX ID #: _____

FULL NAME OF OFFICERS, PARTNERS OR PROPRIETOR:

NAME: _____ TITLE: _____ SSN: _____

NAME: _____ TITLE: _____ SSN: _____

NAME: _____ TITLE: _____ SSN: _____

FOR INDIVIDUAL ACCOUNTS:

PLACE OF EMPLOYMENT: _____ HOW LONG? _____

YOUR SSN: _____ SPOUSE'S SSN: _____

REFERENCES: (COMPANY & INDIVIDUAL ACCOUNTS)

NAME OF YOUR BANK: _____ CONTACT NAME: _____

BANK ADDRESS: _____ PHONE #: _____

TRADE REFERENCES:

1) NAME: _____ PHONE #: _____

ADDRESS: _____

2) NAME: _____ PHONE#: _____

ADDRESS: _____

3) NAME: _____ PHONE#: _____

ADDRESS: _____

YOU MUST READ THE FOLLOWING AND SIGN BELOW

TERMS: NET AMOUNT OF STATEMENT IS DUE BY THE 10TH OF THE MONTH FOLLOWING THE DATE OF PURCHASE. 1.8% FINANCE CHARGE (OR AN ANNUAL FEE OF 24%) WILL BE ADDED TO THE UNPAID BALANCE ON AN ACCOUNT NOT PAID BY THE 10TH OF THE MONTH FOLLOWING THE PURCHASE. ACCOUNTS HAVING A BALANCE OVER 60 DAYS PAST DUE ARE SUBJECT TO BEING TURNED OVER TO A NATIONAL COLLECTION AGENCY, ATTORNEY OR MAGISTRATE COURT WITH ALL LEGAL FEES ADDED TO THE BALANCE DUE. ARRANGEMENTS MAY INCLUDE EXECUTING NOTES FOR PAYMENT OF BALANCES DUE, OBTAINING GUARANTEED AGREEMENTS, OR OBTAINING PLEDGE OF COLLATERAL AS SECURITY FOR THE ACCOUNT. I/WE, THE UNDERSIGNED, WITH THE SIGNATURE BELOW, DO AUTHORIZE ACCESS TO MY/OUR CREDIT FILE AS OBTAINED BY THE CREDIT BUREAU. I/WE UNDERSTAND THAT ALL ACCOUNTS ARE TO BE PAID IN FULL BY THE 10TH OF THE MONTH FOLLOWING THE DATE OF PURCHASE. UPON OUR

ACCEPTANCE OF THIS WRITING IT THEN BECOMES A CONTRACT.

SIGNED: _____ **DATE:** _____