



Credit Application

Company Information:

Company Name:	
DBA:	
Fed Employer ID #	
Phone #	
Billing Address:	
Shipping Address:	

*If there are more shipping addresses, please attach

Invoice Delivery Preference (please choose only one):

Fax		Fax #	
Email		Email Address:	

Tax Exempt:

Yes	
No	

Misc:

NAICS Code:	
DUN & Bradstreet #	

*If yes, please attach your signed tax exempt or tax must be charged

Contact Information:

AP Contact:		Email Address:	
Phone #		Ext.	
Purchasing Contact:		Email Address:	
Phone #		Ext.	
Controller/CFO Contact:		Email Address:	
Phone #		Ext.	

Banking Information:

Name of Bank:			
Address/Branch Location:			
Account #			
Contact Name:		Fax #	
Phone #		Email Address:	

Supplier/Vendor References:

Supplier Company Name:		Contact Name:	
Phone #		Fax #	
Supplier Company Name:		Contact Name:	
Phone #		Fax #	
Supplier Company Name:		Contact Name:	
Phone #		Fax #	

In consideration of opening a line of credit with Carolina Belting Company (the "Supplier"), it is agreed that the undersigned (the "Customer") will pay all sums when due, according to the terms stated in our terms and conditions and company policy which are Net 30 days from the invoice date for all invoices. No payment alterations will be accepted unless approved in writing by Supplier. Any balance past due, through no fault of Supplier, is subject to an interest charge of 1-1/2% per month as stated on the invoice and in the terms and conditions. In the event of non-payment, the Customer agrees to pay, in addition to the principal amount due, all service charges, collection costs, reasonable attorney fees, court costs and any other reasonable fees incurred by Supplier for collection purposes. Customer grants Supplier the option to acquire a security interest in which this Credit Agreement, or a copy hereof, may be used as a security agreement. The Customer authorizes Supplier to contact vendor and bank references and obtain information from outside sources that may be needed to obtain an open line of credit with Supplier.

Signature of Principal/Officer:		Printed Name:	
Title:		Date:	

Internal Use Only	Mailing Required?	YES _____	NO _____
Follow-up with: _____	Address: _____		
Follow-up content: _____			