



APPLICATION FOR CREDIT ACCOUNT

BUSINESS NAME _____ DATE _____

PHONE _____ FAX _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

SHIPPING ADDRESS _____

CITY _____ COUNTY _____ ST _____ ZIP _____

Email address: _____

How would you prefer to receive invoices and statements? Email Fax Mail

Is a Purchase Order Number required for invoicing? Yes No

ARE YOU TAX EXEMPT? YES *A valid tax exemption or resale certificate MUST be provided.

SALES TAX ID # _____

NO *Sales tax information below MUST be completed.

Pay Taxes for the State of _____ State Tax Rate: _____ %

County (or Parish): _____ County Tax Rate: _____ %

Inside City Limits: (Only required for Alabama) Yes No If yes, city tax rate: _____ %

Inside Police Jurisdiction: (Only required for Alabama) Yes No If yes, tax rate: _____ %

Total Sales Taxes to be charged on this account: _____ %

TRADE REFERENCES (Additional trade references can be listed on a separate sheet.)

COMPANY _____ COMPANY _____

ADDRESS _____ ADDRESS _____

CITY _____ ST _____ ZIP _____ CITY _____ ST _____ ZIP _____

PHONE _____ PHONE _____

FAX _____ FAX _____

EMAIL _____ EMAIL _____

TYPE OF OWNERSHIP INDIVIDUAL PARTNERSHIP CORPORATION

OF YEARS IN OPERATION _____ AMT CREDIT REQUESTED BUT NOT LIMITED TO: \$ _____

TYPE OF BUSINESS _____

FEDERAL ID# _____ Gas Mobile Home Residential (HVAC)

LIST ALL PRINCIPAL OWNERS /STOCKHOLDERS (Print Name & Provide Signature) USE AN ADDITIONAL SHEET IF NEEDED. *Signature indicates that we have your permission to contact the trade references listed and process credit reports.

NAME _____ SOCIAL SECURITY # _____

ADDRESS _____ CITY _____ STATE _____

POSITION _____ SIGNATURE * _____

NAME _____ SOCIAL SECURITY # _____

ADDRESS _____ CITY _____ STATE _____

POSITION _____ SIGNATURE * _____

PLEASE NOTE: Incomplete information will delay processing. Please call the Credit Dept. at (706) 245-6164 with any questions.