



330 Fields Avenue, Aberdeen, NC 28315
Office (910) 944-1883 • Fax (910) 944-1884

CREDIT APPLICATION

Date: _____

Tax ID #: _____

BILLING ADDRESS

Company _____
Contact Name _____
Address _____
City/State/Zip _____
Phone () _____
Fax () _____
Email: _____

SHIPPING ADDRESS

Company _____
Contact Name _____
Address _____
City/State/Zip _____
Phone () _____
Fax () _____

Please complete all information in order to avoid delays in establishing an Open Account.

Purchase Order required for all orders? Yes No

BANK REFERENCES (One Required)

Name _____
Contact Name _____
Address _____
City/State/Zip _____
Phone () _____
Fax () _____
Account Type _____
Account Number _____

Name _____
Contact Name _____
Address _____
City/State/Zip _____
Phone () _____
Fax () _____
Account Type _____
Account Number _____

TRADE REFERENCES

Name _____
Contact Name _____
Address _____
City/State/Zip _____
Phone () _____
Fax () _____

Name _____
Contact Name _____
Address _____
City/State/Zip _____
Phone () _____
Fax () _____

Name _____
Contact Name _____
Address _____
City/State/Zip _____
Phone () _____
Fax () _____

I, _____,
(PRINT NAME)
hereby authorize the above referenced bank to release credit/financial information regarding the account number referenced.

(SIGNATURE OF COMPANY PRINCIPAL)

(TITLE)