

BECKLES & ASSOCIATES • 3870 PEACHTREE INDUSTRIAL BLVD., SUITE 150-218 • DULUTH, GA 30096
PHONE (770) 217-0091 • FAX (678) 421-9299
CREDIT APPLICATION

BUSINESS NAME: _____

BILLING ADDRESS: _____

SHIPPING ADDRESS: _____

CITY: _____ COUNTY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

TYPE OF BUSINESS: PROPRIETORSHIP CORP. LLC PARTNERSHIP YEAR STARTED: _____

NAME OF OWNER(S), PARTNERS, OFFICERS, OR MANAGERS:

1. _____ 2. _____

ACCOUNTS PAYABLE CONTACT: _____ PHONE: _____

DUN & BRADSTREET # _____ SALES TAX EXEMPTION # _____

FEDERAL I.D. # _____

AUTHORIZED PURCHASING AGENT(S): _____

ESTIMATED MONTHLY CREDIT REQUIREMENTS: _____

BANK REFERENCES

BANK NAME: _____

ADDRESS: _____

PHONE: _____ CONTACT: _____

ACCOUNT #: _____ TYPE OF ACCOUNT: _____

TRADE REFERENCES

(1) BUSINESS NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE # _____ FAX # _____ ACCT # _____

(2) BUSINESS NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE # _____ FAX # _____ ACCT # _____

(3) BUSINESS NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE # _____ FAX # _____ ACCT # _____

I CERTIFY THAT THE INFORMATION AND STATEMENTS IN THIS APPLICATION ARE TRUE AND COMPLETE AND ARE MADE FOR THE PURPOSE OF OBTAINING CREDIT. BECKLES & ASSOCIATES, INC. IS HEREBY AUTHORIZED TO OBTAIN ANY INFORMATION IT CONSIDERS NECESSARY FROM ANY SOURCE CONCERNING THE STATEMENTS IN THIS APPLICATION.

SIGNATURE: _____

TITLE: _____ DATE: _____