Phone: 251-929-2133 Fax: 251-929-3211

Credit Application



8100 Falcon Blvd Fairhope, AL 36532

−Customer Information−			
Name:		Contact:	
Address:		Phone:	
City: St	ate: Zip:	Fax:	
Type of Business: [] Corp	oration [] Partnershi	ip []Personal	
Years in Business:	SS / EIN:		
Financial Information—			
Name of Bank:		Account Number:_	
Address:		Phone Number:	
City:	State	e:	Zip:
–Supplier / Credit Referer			
1. Company:		Phone Number:	
2. Company:		Phone Number:	
3. Company:		Phone Number:	
-Authorization-			
All invoices must be paid will be charged each mor	in full within 30 days of th on unpaid invoices gnature below represe	of invoice date. A la . Any and all legal a	te fee of 1.5 % of the balance and collection fees will be paid ehalf of the company and its
Authorized Signature / Gu	 arantor	Printed Nam	e

Please Fax completed application to: 251-929-3211