

SOUTH ATLANTIC, LLC

1907 SOUTH 17TH ST
WILMINGTON, NC 28401

Phone: (910) 332-1900
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CREDIT APPLICATION

PLEASE COMPLETE ENTIRE ACCOUNT FORM – SIGN AND DATE APPLICATION		Please return this form to the Credit Department at the address shown	
		CREDIT DEPARTMENT WILMINGTON	
DATE	ACCOUNT NO. (Completed by Credit Dept)	CREDIT LIMIT	
COMPANY		DIVISION OR SUBSIDIARY OF:	
BILLING ADDRESS		PHYSICAL ADDRESS OF HOME OFFICE OR COPORATE OFFICE	
PHONE ()	FAX ()	TYPE OF OWNERSHIP: <input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> LLC <input type="checkbox"/> GOVT <input type="checkbox"/> OTHER	
STATE TAX EXEMPT NO. (CERTIFICATE MUST BE ATTACHED)		PURCHASING CONTACT:	ACC. PAYABLE CONTACT: PHONE
METHOD TO RECEIVE INVOICES:		US MAIL	EMAIL – PROVIDE E-MAIL ADDRESS
FEDERAL TAX ID#	SIC CODE	YEARS IN BUSINESS	PURCHASE ORDER NO. REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO

OWNERS AND OFFICERS

FULL NAME	ADDRESS	SOC.SEC NUMBER	PHONE

BANKING INFORMATION

BANK	ADDRESS	ACCOUNT NO.	PHONE
BANK OFFICER	SIGNATURE AUTHORIZING VERIFICATION OF CREDIT AND BANK ACCOUNT:	TYPE OF ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> TIME PAYMENT <input type="checkbox"/> COMMERCIAL LOAN	
BANK	ADDRESS	ACCOUNT NO.	PHONE
BANK OFFICER	SIGNATURE AUTHORIZING VERIFICATION OF CREDIT AND BANK ACCOUNT:	TYPE OF ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> TIME PAYMENT <input type="checkbox"/> COMMERCIAL LOAN	

BUSINESS INFORMATION

DESCRIPTION OF BUSINESS	PRINCIPAL CUSTOMER SERVED	PRINCIPAL COMMODITY

UNSECURED TRADE REFERENCES: MATERIAL SUPPLIERS

NAME	ACCOUNT NUMBER	STREET ADDRESS/ CITY	STATE/ ZIP	PHONE/ FAX
1.				P
				F
2.				P
				F
3.				P
				F
4.				P
				F

I(We) understand that the information furnished you on this page is for the purpose of establishing a new account and that I(we) further understand that the information furnished now, and in the future will be relied upon for establishment of that account, that I am authorized in my (our) firm accordingly. I (we) believe that our firm is financially able to meet any commitments I (we) have made and I(we) expect to pay your invoices according to your terms of Net due 30 days following the day the charge was incurred. In the event these terms are not met, I(we) agree to pay the interest on the unpaid amount at the rate of 18%APR plus a late penalty charge of 2% and further agree to pay all collection expenses including reasonable attorney's fees. Your firm has the authority to obtain credit information.

OFFICER
 DIRECTOR
 OWNER

DATE: _____ SIGNATURE: _____