

# SOUTH ATLANTIC, LLC

Type directly on this form.  
Print the form for fax or postal mail delivery.

1907 SOUTH 17<sup>TH</sup> ST  
WILMINGTON, NC 28401

Phone: (910) 332-1900  
Fax: (910) 332-1902

## Credit Application

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

### OWNERS AND OFFICERS

FULL NAME	ADDRESS	SOC.SEC.NO.	PHONE

### BANKING INFORMATION

BANK	ADDRESS	ACCOUNT NO.	PHONE
BANK OFFICER	SIGNATURE AUTHORIZING VERIFICATION OF CREDIT AND BANK ACCOUNT:	TYPE OF ACCOUNT __ CHECKING __ TIME PAYMENT __ COMMERCIAL LOAN	
BANK	ADDRESS	ACCOUNT NO.	PHONE
BANK OFFICER	SIGNATURE AUTHORIZING VERIFICATION OF CREDIT AND BANK ACCOUNT:	TYPE OF ACCOUNT __ CHECKING __ TIME PAYMENT __ COMMERCIAL LOAN	

### BUSINESS INFORMATION

DESCRIPTION OF BUSINESS	PRINCIPAL CUSTOMER SERVED	PRINCIPAL COMMODITY	
IF TRUCKING OR TRUCK RELATED BUSINESS:	NUMBER OF TRUCKS OWNED:	MAKE (S) OF TRUCK (S)	AREA OF OPERATION
	NUMBER OF TRUCKS LEASED:	LEASED TO:	ADDRESS PHONE

### UNSECURED TRADE REFERNCES: MATERIAL SUPPLIERS

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

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 which are net due 30 days following the day on which 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

\_\_\_ OFFICER  
\_\_\_ DIRECTOR  
\_\_\_ OWNER

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_