

# Credit Application & Client profile



Company Name:				
Street Address:				
City, State, Zip:				
Tel:		Fax:		
Operations Contact:		Tel	Fax	Email
Accounts contact:		Tel:	Fax:	Email
Registered office:				
Street Address:				
City, State, Zip				
Tel:		Fax:		
Bankers Name				
Street Address				
City, State, Zip				
Tel:		Fax:		
Trade References (Minimum 2)				
Street Address				
City, State, Zip				
Tel:				
Fax:				

**Declaration by Credit Applicant:**

We hereby request you to open a credit account.

All services and transactions are subject to the Terms and Conditions of Service (NCBFAA 01/00) which are enclosed with this application and are on the reverse side of our invoices. Applicant expressly acknowledges receiving a written copy of our Terms and Conditions of Service (NCBFAA 01/00). Our liability is limited to the extent provided by law our bills of lading, if issued, or \$50 whichever is less.

Credit terms agreed: net 10 days

I, being the authorized Officer of this business, do agree that all payment of accounts will be received by you (our supplier) within stated credit terms.

I/we appreciate that adherence to this obligation is the essence of the contract between us.

Signed.....Print.....Date.....

5356 Georgia Highway 85, Suite 400, Forest Park, GA 30297 Tel: 404 608 0060 Fax: 404 608 0094