



# CREDIT APPLICATION

2319 DeFoor Hills Rd NW  
Atlanta, GA 30318  
Phone: (404) 792-3726  
Fax: (404) 792-2816

Company's Legal Name: \_\_\_\_\_ d/b/a: \_\_\_\_\_

Billing Address: \_\_\_\_\_ Shipping Address: \_\_\_\_\_

City: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Website: \_\_\_\_\_ Email: \_\_\_\_\_

Parent Company and address ( if applicable): \_\_\_\_\_

Business Entity (i.e. Corporation, LLC, Proprietorship...): \_\_\_\_\_

State Incorporation Id: \_\_\_\_\_ Federal ID#: \_\_\_\_\_

Dunn and Bradstreet number: \_\_\_\_\_ How long in business: \_\_\_\_\_

Type of Business (i.e. Distributorship, Retailer, Installer...): \_\_\_\_\_

Purchases Subject to Tax? \_\_\_\_\_ If No, Tax Id # \_\_\_\_\_

*Please note: A copy of Sales and Use Tax Certificate is required for tax exempt purchases.*

### Name of Partners, Officers or Proprietor:

Name	Title	Home Address (City, State, Zip)	Social Security #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are purchase orders required for all orders? \_\_\_\_\_ Ship orders complete only? \_\_\_\_\_

**Authorized Purchase Agents only?** \_\_\_\_\_ If yes, Names and titles of Authorized Purchasers:

\_\_\_\_\_  
\_\_\_\_\_

**For Internal Use Only:** Date Submitted \_\_\_\_\_ Account #: \_\_\_\_\_ Sales Terr: \_\_\_\_\_  
Date Approved: \_\_\_\_\_ Credit Line Amount: \_\_\_\_\_ Approved By: \_\_\_\_\_

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### Credit References:

Please do not use Mohawk or Shaw. They will not give references

Company Name	Phone #	Fax #	Account #	Contact

### Bank References:

Bank Name	Phone #	Fax #	Account #	Contact

**Please Note: All terms are Net 30 days, unless special terms have been approved in writing**

Special Terms: \_\_\_\_\_ Approved by: \_\_\_\_\_

### RELEASE AUTHORIZATION

The undersigned hereby agrees and warrants that all statements made on this credit application and any accompanying financial information is complete, true and correct. I further agree to pay in accordance with my approved credit terms. I understand and agree to pay the interest rate of 18% or the maximum amount allowed by law, whichever is less, on all past due balances. Until paid, title of goods remains with the vendor. Permission must be obtained prior to return of any merchandise for credit indicating details as to original purchase. If the account is assigned to collection with an attorney or collection agency, I hereby agree to pay any and all reasonable attorney fees, collection and court costs.

I hereby authorize the release of any information to assist in establishing a line of credit with Southern Distribution Imports.

**To be completed and signed by an officer of the corporation/business:**

Name (Printed): \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_