



3201 JOHNSON ST.  
PELHAM, AL 35124

## APPLICATION FOR CREDIT

To help us establish an account in your company name and to expedite processing of your initial orders, fill in the following statement completely and return as quickly as possible. Your signature will aid in obtaining the requested reference information.

### BILLING ADDRESS

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

### SHIPPING ADDRESS

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

A/P Manager: \_\_\_\_\_

Year Established: \_\_\_\_\_ At present location since \_\_\_\_\_

Officers: \_\_\_\_\_

### REFERENCES (Only use names of firms you buy from on open account)

Firm: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Firm: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Firm: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

We certify that all the information on this form is correct. We fully understand your CREDIT TERMS ARE NET 30 DAYS and agree to the proper payment in consideration of extended credit.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

**Return to fax number (205) 663-9610**

**Call (205) 664-0511 with any questions. Thank you.**