



**P.O. BOX 40370**  
**500 SAINT FRANCIS ST. 251/432-2936**  
**MOBILE, ALABAMA 36640-0370 800/633-1228**

**PHONE:**

**FAX:**  
 251/432-7759  
 800/426-3329

**Print And Return Via Fax To One Of The Fax Numbers Above.**

CREDIT APPLICATION			
INDIVIDUAL OR COMPANY NAME			DATE
STREET ADDRESS, CITY, STATE & ZIP CODE			
PHONE NO.	FAX NO.	EMAIL ADDRESS	
PRINCIPAL OWNERS			DATE ESTABLISHED
FEDERAL I.D. NUMBER		TAX RESALE NUMBER	
IF COMPANY, TYPE OF OWNERSHIP: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Individual			

Application for credit is hereby made and the following references given. It is understood this information will be held in strict confidence and used only by our Credit Department. TERMS: All invoices are due and payable thirty (30) days from the invoice date.

BANKS (Checking Account)		BANKS (Savings Account)	
NAME		NAME	
ADDRESS		ADDRESS	
PHONE NO.		PHONE NO.	
BUSINESS REFERENCES WHERE CREDIT NOW EXTENDED			
NAME		NAME	
ADDRESS		ADDRESS	
PHONE NUMBER		PHONE NUMBER	FAX NUMBER
FAX NUMBER		E-MAIL ADDRESS	
E-MAIL ADDRESS		E-MAIL ADDRESS	
NAME		NAME	
ADDRESS		ADDRESS	
PHONE NUMBER		PHONE NUMBER	FAX NUMBER
FAX NUMBER		E-MAIL ADDRESS	
E-MAIL ADDRESS		E-MAIL ADDRESS	

We understand your terms and agree to abide by them.

In making this application for credit I authorize you to make an investigative customer report whereby information is obtained through personal interviews with my neighbors, friends, or others with whom I am acquainted. This inquiry includes information as to my character, general reputation, personal characteristics and mode of living. I understand that I have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of this investigative consumer report.

PRINT NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

(For Non-Individual Applicants Only)

FOR CREDIT DEPARTMENT USE ONLY	
<input type="checkbox"/> CREDIT APPROVED	MAXIMUM AMOUNT:
<input type="checkbox"/> CREDIT REFUSED	REASON:
Signed: _____	Date: _____