

# APPLICATION FOR BUSINESS CREDIT

THE FOLLOWING IS AN APPLICATION FOR CREDIT WITH

**MARTIN SUPPLY COMPANY, INC**  
**P.O. BOX 790**  
**SHEFFIELD, AL 35660**  
**256-383-3131 FAX 256-248-0452**

ALSO KNOWN AS CREDITOR WITHIN THE GENERAL PROVISIONS ON THE REVERSE SIDE OF THIS APPLICATION  
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FIRM OR CORP NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_ P.O. BOX \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE \_\_\_\_\_ FAX NUMBER \_\_\_\_\_  
HOW LONG IN BUSINESS \_\_\_\_\_ WEBSITE ADDRESS \_\_\_\_\_  
DESCRIPTION OF BUSINESS \_\_\_\_\_  
PARENT COMPANY \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_ P.O. BOX \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
ACCOUNTS PAYABLE CONTACT \_\_\_\_\_ EMAIL \_\_\_\_\_  
AP PHONE \_\_\_\_\_ AP FAX NUMBER \_\_\_\_\_  
CAN INVOICES BE FAXED OR EMAILED? \_\_\_\_\_ FAX# \_\_\_\_\_ EMAIL \_\_\_\_\_

FULL NAME OF OFFICERS, PARTNERS, OR PROPIETOR

_____	TITLE _____
_____	TITLE _____
_____	TITLE _____
_____	TITLE _____

DOES YOUR FIRM USE PURCHASE ORDER NUMBERS? \_\_\_\_\_

IS A FINANCIAL STATEMENT AVAILABLE? \_\_\_\_\_

TO QUALIFY FOR SALES TAX EXEMPTION, PLEASE ATTACH YOUR TAX EXCEMPT CERTIFICATE

## \*\*CREDIT REFERENCES\*\*

PLEASE GIVE NAME, MAILING ADDRESS, CITY, STATE, ZIP CODE AND PHONE NUMBER OF EACH REFERENCE. WITH REGARD TO BONDING COMPANY REFERENCES, THIS INFORMATION IS TO BE COMPLETED BY CONSTRUCTION CONTRACTORS.

BANK \_\_\_\_\_

BANK \_\_\_\_\_

TR.REF \_\_\_\_\_

TR.REF \_\_\_\_\_

TR.REF \_\_\_\_\_

TR.REF \_\_\_\_\_

BONDING CO. \_\_\_\_\_

BONDING CO. \_\_\_\_\_

## GENERAL PROVISIONS

This application and the information contained herein is a request for the extension of credit for commercial business use only and applicants certifies that the firm he represents is doing business as a Corporation ( ), Partnership ( ) or Sole Proprietorship ( ) (check one). The applicant authorizes the above named creditor to obtain a written or oral credit reports from any credit-reporting agency. The applicant further authorizes any bank or commercial business with whom the applicant is doing or has done any type of business to give any and all necessary information to the creditor which will assist creditor in the credit investigation. The applicant further authorizes the creditor to reinvestigate the applicants credit status from time to time as the creditor deems necessary and should creditor upon such reinvestigation deem it necessary to limit or terminate the credit arrangement with applicant, said applicant shall be notified in writing as to any adverse action. Upon approval of this application for credit, said applicant will be notified in writing along with the creditors' terms of sale and should the applicant at some future time deviate from the creditor's terms of sale, said creditor reserves the right to terminate future extension of credit with application.

If credit is extended, I (we) agree to pay Creditor all debts incurred within creditors' terms of sale. I (we) expressly waive all right of exemption under the constitution and laws of the State of Alabama and any other state, as to personal property and I (we) agree to pay all costs of collection or attempting to collect or secure any and all debts which I (we) now owe or which I (we) may in the future owe creditor for goods sold me (us) or for services rendered including a reasonable attorney's fee on the unpaid debt so long as any of said indebtedness is due and unpaid. I also agree to pay a FINANCE CHARGE OF 1 ½ % PER MONTH (ANNUAL PERCENTAGE OF 18%) on any unpaid past due balance. Creditor is hereby authorized to deliver goods or perform services for the following at my (our) request and charge same to my (our) account and this shall continue until written notice to the contrary is given and accepted, which acceptance shall be evidenced by signature of Creditor.

Applicant's Signature \_\_\_\_\_ Title \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Title \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Title \_\_\_\_\_

Witness my (our) hand this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_

\_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_