



276 South Church Street
 Spartanburg, South Carolina 29306
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Business Credit Application Form

Date _____
 Business Name _____ Type of trade _____
 Address _____ City _____ State _____ Zip _____
 Owner/Manager _____ Tel.No. _____
 How long in business _____ D & B Rated _____ Business Type _____
 State Resale Sales Tax ID _____ No of Employees _____

We accept American Express, Visa and Master Card as payment or you may apply for an open credit account.

A. If applying for Credit Card Billing:

Card Type (please circle): AMEX MC VISA
 Card Name _____
 Account # _____
 Exp Date _____
 VCODE _____

(3 digit code located on back of MC or Visa. 4 digit code located on front of AMEX)

B. If applying for Open Credit Account:

Credit line requested \$ _____

Trade References:

Name _____ Phone # _____
 Name _____ Phone # _____
 Name _____ Phone # _____

Bank References:

Name _____ Phone # _____
 Name _____ Phone # _____

Do you have any pending lawsuits or have filed for bankruptcy in the past 5 years?

Yes ___ No ___ (if yes, list below)

The undersigned authorizes inquiry as to credit information if supplied. We further acknowledge that credit privileges, if granted, may be withdrawn at any time. The undersigned also agrees to our general policy agreement. The terms of the general policy is subject to change and is listed on our wholesale price list.

Signature _____
 Print Name _____
 Title _____
 Date _____