



Savannah (912) 228-5830 ~ Charleston (843) 278-2646 ~ Fax (843) 278-8038.

CNC CREDIT APPLICATION.

DATE: _____
COMPANY NAME: _____ SHIP TO: _____
MAILING ADDRESS: _____ ADDRESS: _____
PHYSICAL ADDRESS: _____ CTY / ST. / ZC: _____
CTY / ST. / ZC: _____ PHONE #: _____ FAX #: _____
PHONE #: _____ FAX #: _____ ATTN: _____
AUTHORIZED BUYER: _____
*SPECIAL DELIVERY INSTRUCTIONS: _____

COMPANY LEGAL ENTITY IS: (Check One.)

____ PROPRIETORSHIP. OWNER: _____
____ PARTNERSHIP. AUTHORIZED BUYER: _____
____ CORPORATION. HOW LONG IN BUSINESS: _____ (Yrs.) _____ (Mos.)

STATE ID #: _____ FEDERAL ID #: _____
RESALE LICENSE #: _____ STATE: _____

TYPE OF BUSINESS: _____

*TAX-EXEMPT #: _____ CODE #: _____ IS MERCHANDISE FOR RESALE? : YES NO. (Circle One.)

BANKING REFERENCES:

BANK NAME: _____ BANK NAME: _____
ADDRESS: _____ ADDRESS: _____
CITY / ST. / ZC: _____ CITY / ST. / ZC: _____
BANK OFFICIER: _____ BANK OFFICIER: _____
ACCOUNT #: _____ ACCOUNT #: _____
LOANS: YES NO. (Circle One.) LOANS: YES NO. (Circle One.)
PHONE #: _____ FAX #: _____ PHONE #: _____ FAX #: _____

TRADE REFERENCES: (3) REQUIRED.

COMPANY NAME: _____ VENDOR CONTACT: _____
ADDRESS: _____
CTY / ST. / ZIP: _____
PHONE #: _____ FAX #: _____ CREDIT ESTABLISHED: _____
ACCT#: _____ TERMS: _____ CREDIT LIMIT: (\$) _____ CURRENT AMT. ON ACCT: (\$)

COMPANY NAME: _____ VENDOR CONTACT: _____
ADDRESS: _____
CITY / ST. / ZIP: _____
PHONE #: _____ FAX #: _____ CREDIT ESTABLISHED: _____
ACCT#: _____ TERMS: _____ CREDIT LIMIT: (\$) _____ CURRENT AMT. ON ACCT: (\$)

COMPANY NAME: _____ VENDOR CONTACT: _____
ADDRESS: _____
CITY / ST. / ZIP: _____
PHONE #: _____ FAX #: _____ CREDIT ESTABLISHED: _____
ACCT#: _____ TERMS: _____ CREDIT LIMIT: (\$) _____ CURRENT AMT. ON ACCT: (\$)

*CNC is authorized by this signed document to contact any of the above references. It is understood that any of the information obtained will be used solely for the purpose of granting CNC credit terms to our customers only. All CNC Customer credit information is considered confidential and will not be released, copied or redistributed to any parties under any circumstances. Upon approval of this credit application, I agree to pay for all merchandise, using CNC terms, All approved Credit Cards, COD - Cash, Money Order, Cashier's Check, approved Personal or Company Check.

AUTHORIZED SIGNATURE: _____ DATE: _____

PRINT NAME: _____

E-mail: cnc@cncllc.net Website: www.cncllc.net