



Application For Credit

Company Name: _____ **Phone Number** _____

Street _____

P.O. Box _____

City/State/Zip _____ **Web Site:** _____

Payment Contact Information: Name: _____ **Phone Number** _____

Email Address _____

Purchasing Contact Information: Name: _____ **Phone Number** _____

Email Address _____

Federal ID # (SS #, if sole-proprietor) _____ **Sales Tax ID #** _____

Company's Legal Form of Business _____ **Date Business Started** _____

Approximate Net Worth _____ **Approximate Annual Sales** _____

We would like to establish a line of credit not to exceed \$ _____ per month.

Are you presently, or have you been in the last two years, in Chapter 11 Bankruptcy? Yes No

Are you a branch or subsidiary of another entity? Yes No

If yes, please provide:

Name _____

Street, PO Box _____

City, State Zip _____ Phone Number _____

Complete the following information (if partnership, list partners and SS#/FEIN for each): **Social Security #**

President/CEO/Managing Partner/Owner _____

General Manager/General Partner/COO _____

Financial Manager/Treasurer/CFO _____

OPEN CREDIT TERMS AGREEMENT between the undersigned, hereinafter called **BUYER**, and **Southern Champion Tray LP**, hereinafter called **SCT**, wherein **BUYER** desires open credit terms on purchases made from **SCT** and **SCT** agrees to provide such open credit on the following terms and conditions:

- 1 **SCT** agrees to ship merchandise to **BUYER** on open credit terms on mutually understood and prearranged terms (unless prior written approval exists, terms are 1%/10, net 30).
- 2 **BUYER** agrees to pay all invoices for goods received on the due date of the invoice.
- 3 **SCT** reserves the right to bill a service charge of 1½% for each 30 day period or fraction thereof that payment is delinquent on any invoice and **BUYER** agrees to pay said charges as billed.
- 4 **BUYER** agrees to pay such reasonable cost and attorney's fees as the court may direct if **SCT** is forced to take legal action for collection.
- 5 **Buyer** grants **SCT** permission to inquire of bank and trade references as needed to establish credit and authorizes release of credit information by bank and trade references to **SCT**.

The undersigned, the OWNER, PRINCIPAL or CORPORATE OFFICER, is legally authorized to sign this agreement in behalf of the **BUYER**.

Signature: _____

Printed or Typed Name: _____

Title: _____ **Date:** _____

NOTE: To process orders on a tax exempt basis, SCT requires a sales tax exemption number on file for **each shipping location** we are requested to service.



Bank References:

Operating/Cash Account(s):

Institution Name: _____
Street _____
P.O. Box _____
City/State/Zip _____
Contact: _____
Telephone #: _____ *Account #(s):* _____
Fax Number: _____

Borrowing/Debt Account(s):

Institution Name: _____
Street _____
P.O. Box _____
City/State/Zip _____
Contact: _____
Telephone #: _____ *Account #(s):* _____
Fax Number: _____

Trade References:

- | | | |
|---|---|---|
| 1 | <i>Company Name:</i> _____
<i>Street</i> _____
<i>P.O. Box</i> _____
<i>City/State/Zip</i> _____ | <i>Contact Name:</i> _____
<i>Phone Number:</i> _____
<i>Fax Number:</i> _____
<i>Email Address:</i> _____ |
| 2 | <i>Company Name:</i> _____
<i>Street</i> _____
<i>P.O. Box</i> _____
<i>City/State/Zip</i> _____ | <i>Contact Name:</i> _____
<i>Phone Number:</i> _____
<i>Fax Number:</i> _____
<i>Email Address:</i> _____ |
| 3 | <i>Company Name:</i> _____
<i>Street</i> _____
<i>P.O. Box</i> _____
<i>City/State/Zip</i> _____ | <i>Contact Name:</i> _____
<i>Phone Number:</i> _____
<i>Fax Number:</i> _____
<i>Email Address:</i> _____ |
| 4 | <i>Company Name:</i> _____
<i>Street</i> _____
<i>P.O. Box</i> _____
<i>City/State/Zip</i> _____ | <i>Contact Name:</i> _____
<i>Phone Number:</i> _____
<i>Fax Number:</i> _____
<i>Email Address:</i> _____ |
| 5 | <i>Company Name:</i> _____
<i>Street</i> _____
<i>P.O. Box</i> _____
<i>City/State/Zip</i> _____ | <i>Contact Name:</i> _____
<i>Phone Number:</i> _____
<i>Fax Number:</i> _____
<i>Email Address:</i> _____ |

Note: It is important for us to receive five (5) credit references in order to facilitate the prompt investigation of credit. Many companies accept written inquiries only, and we seek to accomplish our investigations by telephone. Please give only ACTIVE suppliers who REGULARLY supply goods and services that would necessitate similar (or larger) open balances than those you anticipate maintaining with SCT.