

Crandall Corporation Credit Application

100 Rich Lex Drive, Lexington, SC 29072

cranar@crandallusa.com 803-791-4800 / 803-739-0500 (Fax)

BUSINESS CONTACT INFORMATION

Company Name:									
Physical Address:									
City:				State:			Zip Code:		
Contact:				Title:					
Phone #:				Fax #:			E-mail:		
AR Contact:				AR Phone #:			AR Fax #:		
Billing Address:						Accounting Email			
Billing City:				Billing State:			Billing Zip Code:		
Purchase Order is Required: (Check One) <input type="checkbox"/> Yes <input type="checkbox"/> No									
Check One:		<input type="checkbox"/> Sole Proprietorship		<input type="checkbox"/> Partnership		<input type="checkbox"/> Corporation		<input type="checkbox"/> Other: (describe)	
Year Incorporated:			State Incorporated:						

BUSINESS AND CREDIT INFORMATION

Bank Name:									
Address:									
City:				State:			Zip Code:		
Type of Account				Acct Number					
Account Officer:				Phone #:					

BUSINESS/TRADE REFERENCES

Company Name:									
Address:									
City:		State:			Zip Code:		Email		
Phone #:		Fax #:			Account #:				
Company Name:									
Address:									
City:		State:			Zip Code:		Email:		
Phone #:		Fax #:			Account #:				
Company Name:									
Address:									
City:		State:			Zip Code:		Email		
Phone:		Fax #:			Account #:				
Company Name:									
Address:									
City:		State:			Zip Code:		Email		
Phone #:		Fax #:			Account #:				

Attention Trade References: Please provide information on all accounts listed. You will be serving our interest best if information is provided over the phone. Thank you.

AGREEMENT

1. By submitting this application, you authorize Crandall Corporation to make inquiries into the banking and business/trade references that you have supplied.
2. All invoices are to be paid net, 10 days from the date of the invoice.
3. **Crandall Corporation does not provide statements.** Please pay from Invoice.
4. Credit will be terminated without notice for accounts with a past due balance. Claims arising from invoices must be made within ten working days.

SIGNATURES

Signature:									
Title:		Print Name:			Date:				