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United Supply Company

COMMERCIAL ACCOUNT CREDIT APPLICATION

New _____
 Update _____

FOR OFFICE USE ONLY			
Source	_____		
Account #	_____		
Date:	_____	_____	_____
Credit Code	_____	_____	_____
Credit Limit	_____	_____	_____
Initials	_____	_____	_____

Name of Business: _____ **Credit Limit Desired**
Address: _____ \$ _____
City: _____ **State:** _____ **Zip Code:** _____ Corporation
Business Phone: _____ **Business Fax:** _____ **Cell Phone:** _____ Partnership
E-Mail Address: _____ Sole Proprietorship

Billing Address (if other than above): _____
Address: _____
City: _____ **State:** _____ **Zip Code:** _____

Shipping Address (if other than above): _____
Address: _____
City: _____ **State:** _____ **Zip Code:** _____
Type of Business: _____ **Purchase Order Required:** YES NO

Contacts: _____
ACCOUNTS PAYABLE REPRESENTATIVE PHONE # SALES REPRESENTATIVE PHONE #

Officers, Partners or Sole Proprietors (Required Information)

1: NAME _____ TITLE _____ SOCIAL SECURITY # _____ PHONE # _____
2: NAME _____ TITLE _____ SOCIAL SECURITY # _____ PHONE # _____
3: NAME _____ TITLE _____ SOCIAL SECURITY # _____ PHONE # _____

Federal Id #: _____ **Tax Id #:** _____ **In Business Since:** _____
PLEASE ATTACH FORM

Credit Card (Optional Information)

Do you desire to charge your purchases on your MasterCard or Visa credit card? YES NO **If Yes, please complete the following.**
Account #: _____ **Expiration Date:** _____
Name As It Appears On Card: _____ **Authorized User:** _____

- The information furnished on this application is for the purpose of obtaining credit, and I understand that this information will be relied on for the extension of credit. I hereby certify that the information is true, correct, and complete.
- United Supply Company is authorized to report to the proper persons and bureaus the performance of this agreement.
- **Standard terms for invoices are net 30-days from the date of invoicing.** Other specialized terms are available based on products and/or quantities purchased.
- Upon default of the terms of this agreement, United Supply Company may declare my existing balance due and payable in full. Upon default of payment terms, United Supply Company may also collect for all attorney fees and/or collection fees associated with the collection of any past due balances.
- Interest will be charged at the rate of **1.5%** per month on past due amounts.
- My signature on this credit application authorizes United Supply Company to obtain any credit information necessary to provide me with an account.

Company Name: _____ **Date:** _____

Signature: _____ **Signature:** _____
OWNER/OFFICER (application must be signed before account approval procedures) OTHER OWNERS/OFFICERS (application must be signed before account approval procedures)

PLEASE ATTACH TRADE REFERECES IF AVAILABLE.