



PO Box 410149
 Charlotte, NC 28241
 (704) 588-3310 FAX: (704) 587-1617

United Supply Company

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

COMMERCIAL ACCOUNT CREDIT APPLICATION

New _____
 Update _____

■ 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) _____ To receive invoices via email
 Address: _____ email 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 REFERENCES IF AVAILABLE.