



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

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

**COMMERCIAL ACCOUNT CREDIT APPLICATION**

NEW   
UPDATE

■ Name of Business: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

Credit Limit Desired: \$ \_\_\_\_\_  
 Corporation  
 Partnership  
 Sole Proprietorship  
 Provide email address to receive invoice via email.

■ Billing Address: (If different than above) \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

■ Shipping Address: (If different than above) \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

■ Type of Business: \_\_\_\_\_ Purchase Order Required:  YES  NO

■ Contacts: \_\_\_\_\_ PHONE # \_\_\_\_\_ SALES REPRESENTATIVE PHONE # \_\_\_\_\_  
ACCOUNTS PAYABLE REPRESENTATIVE

**Officers, Partners, or Sole Proprietors (Required Information)**

1 \_\_\_\_\_ TITLE \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_ PHONE # \_\_\_\_\_  
NAME

2 \_\_\_\_\_ TITLE \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_ PHONE # \_\_\_\_\_  
NAME

Federal ID # \_\_\_\_\_ Tax ID # \_\_\_\_\_ In Business Since: \_\_\_\_\_

**Please Attach State Resale Tax Certificate • For Additional Information, Contact USC Customer Service**

**Credit Card (Optional Information)**

Do you desire to charge purchases on your MasterCard or visa credit card?  YES  NO If so, 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. 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 OWNER/OFFICER (application must be signed before account approval procedures)

**PLEASE ATTACH TRADE REFERENCES IF AVAILABLE**