



PO Box 410149 • Charlotte, NC
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COMMERCIAL ACCOUNT CREDIT APPLICATION

NEW ☐
UPDATE ☐

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

■ Name of Business: _____ Credit Limit Desired: \$ _____

Street Address: _____

City: _____ State: _____ Zip: _____ ☐ Corporation

Business Phone: _____ Business Fax: _____ Cell Phone: _____ ☐ Partnership

Email Address: _____ ☐ Sole Proprietorship

■ Billing Address: (If different than above) _____ ☐ Provide email address to receive invoice via email.

City: _____ State: _____ Zip: _____

■ Shipping Address: (If different than above) _____ @ _____

City: _____ State: _____ Zip: _____

■ Type of Business: _____ Purchase Order Required: ☐ YES ☐ NO

■ Contacts: _____

ACCOUNTS PAYABLE REPRESENTATIVE	PHONE #	SALES REPRESENTATIVE	PHONE #
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Officers, Partners, or Sole Proprietors (Required Information)

1	NAME	TITLE	SOCIAL SECURITY #	PHONE #
2	NAME	TITLE	SOCIAL SECURITY #	PHONE #

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