



2575-C Cobb International Blvd
Kennesaw, GA 30152
PH: 770-590-8091 • FX: 770-590-8078

Credit Application

Company Name: _____ Doing Business As: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Ship Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email (Buyer): _____

Web Site: _____ Date Business Opened: _____ Years at Current Location: _____

Accounts Payable Contact: _____ Email (A/P): _____

Estimated Monthly Purchases: _____ Amount of Credit Requested: _____

Taxable Non-Taxable (Certificate of Exemption req) Federal I.D. Number: _____

Have you filed for bankruptcy in the last 5 years? Yes No If yes, Please explain: _____

Sole Owner Partnership Corporation Subsidiary of: _____

NAMES OF OWNERS, OFFICERS, DIRECTORS OR PARTNERS

1) Name: _____ Title: _____

Address: _____ City: _____ State: _____ Zip: _____

Social Security #: _____ Percent of Ownership: _____

2) Name: _____ Title: _____

Address: _____ City: _____ State: _____ Zip: _____

Social Security #: _____ Percent of Ownership: _____

3) Name: _____ Title: _____

Address: _____ City: _____ State: _____ Zip: _____

Social Security #: _____ Percent of Ownership: _____

4) Name: _____ Title: _____

Address: _____ City: _____ State: _____ Zip: _____

Social Security #: _____ Percent of Ownership: _____

BANK REFERENCE

1) Bank Name: _____ Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone #: _____ Fax #: _____ Email: _____
 Checking Account #: _____ Savings Account #: _____
 Amount of Credit: _____ Present Balance: _____

TRADE REFERENCES

1) Name: _____ Address: _____
 City: _____ State: _____ Zip: _____
 Contact Name: _____ Phone Number: _____ Fax: _____
 Credit Limit: _____ Present Balance: _____

2) Name: _____ Address: _____
 City: _____ State: _____ Zip: _____
 Contact Name: _____ Phone Number: _____ Fax: _____
 Credit Limit: _____ Present Balance: _____

3) Name: _____ Address: _____
 City: _____ State: _____ Zip: _____
 Contact Name: _____ Phone Number: _____ Fax: _____
 Credit Limit: _____ Present Balance: _____

4) Name: _____ Address: _____
 City: _____ State: _____ Zip: _____
 Contact Name: _____ Phone Number: _____ Fax: _____
 Credit Limit: _____ Present Balance: _____

5) Name: _____ Address: _____
 City: _____ State: _____ Zip: _____
 Contact Name: _____ Phone Number: _____ Fax: _____
 Credit Limit: _____ Present Balance: _____

I understand the information furnished to Steel Stitch Corp. is for the purpose of obtaining credit, and authorize Steel Stitch Corp. to request credit information from other sources, pertaining to the business and/or its owners or officers. I am authorized in my capacity to bind my firm accordingly, that my/our firm is financially able to meet any commitments and that all accounts or monies due to Steel Stitch Corp. shall be due and payable at Steel Stitch Corp.'s primary place of business, as shown below. I/we also agree that interest at the rate of 1.5% per month or 18% annually will be charged on all past due balances and that I/we agree to pay any and all reasonable legal fees resulting from non-payment of any invoice(s) for any product, item, etc., submitted to us for payment. Transfer of ownership does not occur until and up to such time as any amount due and owing is paid in full.

Signed by: _____ Name of Firm: _____ Date: _____

Print Name: _____ Title: _____

Return Form to Steel Stitch Corporation