

SOUTHERN MOULDING & SUPPLY CO.

Customer Lines: 7040 Battle Drive, Kennesaw, Georgia 30152
(770) 422-3949, 1-800-282-5012

Business Lines:
(770) 425-6042, FAX: (770) 422-8350

ACCOUNT INFORMATION/CREDIT APPLICATION

If you wish to do business with us on a COD basis, please complete only the top half of this sheet. If you are applying for credit, please complete the entire sheet.

COMPANY NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER _____ COUNTY _____

CELL PHONE NUMBER _____ FAX NUMBER _____

E-MAIL ADDRESS _____

RESALE TAX NUMBER _____ DATE BUSINESS STARTED _____

OWNERSHIP: _____ CORPORATION --- NAME & TITLE OF AN OFFICER _____
_____ PARTNERSHIP --- NAMES OF PARTNERS _____
_____ SOLE PROPRIETORSHIP --- NAME OF PROPRIETOR _____

SOCIAL SECURITY NUMBER _____ HOME PHONE NUMBER _____

NAME OF INDIVIDUALS AUTHORIZED TO PLACE ORDERS: _____

SHIP TO ADDRESS IF DIFFERENT FROM ABOVE: ADDRESS _____

CITY _____ STATE _____ ZIP _____

*****PLEASE COMPLETE THE SECTION BELOW IF YOU ARE APPLYING FOR CREDIT TERMS*****

APPLICATION FOR CREDIT

Please furnish the names and complete addresses of active suppliers where you have established credit. Please do not give department store, credit card or COD references.

1. SUPPLIER NAME _____

ACCOUNT # _____ PHONE# _____ FAX # _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

2. SUPPLIER NAME _____

ACCOUNT # _____ PHONE# _____ FAX # _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

3. SUPPLIER NAME _____

ACCOUNT # _____ PHONE# _____ FAX # _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

BANK (list branch) _____

ACCOUNT # _____ PHONE# _____ FAX # _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

CREDIT CARD NUMBER _____ EXPIRATION DATE _____

I hereby apply for credit and certify that the information above is correct. Our understanding is that this information is for the use of your Credit Dept. only, and will be held in confidence. I understand you reserve the right to check all credit references, business and personal. I understand your terms are 2% 10 net 30 days from the invoice date. Invoices not paid after 30 days will bear interest of 1 1/2% per month. I agree to meet these terms if credit is extended.

I further agree that all claims or disputes will be resolved in Cobb County, State of Georgia, and all rights to any other forum are hereby waived. If any invoices are placed for collection, all costs and expenses incurred in collection, including a reasonable attorney's fee, will be included in any judgement rendered hereunder. In consideration of your extending credit, I/we jointly, severally and unconditionally guarantee payment when due, of any and all present or future indebtedness owed to you by the above-named firm or individual applicant and agree to pay such indebtedness if default in payment thereof be made by the debtor. I/we also agree to guarantee payment when due, on all charges or purchases made by any firm or individual against this account, whether charged by themselves, their agent(s), employee(s), apparent agent(s) or any person who purports to act on my/our behalf.

DATE _____ SIGNED _____ PRINT _____ TITLE _____

(Must be signed by officer, partner or sole proprietor)