



155 Edwards Court
 PO Box 99
 Bloomingdale, GA 31302

CREDIT APPLICATION

APPLICANT INFORMATION

Applicant's Legal Name		Company Title	
Company Name		<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other	
Phone		Fax/E-Mail	
In Business Since		Tax ID Number	
Street Address		Billing Address	
City, State ZIP Code		City, State ZIP Code	
Officer/Partner Name		Officer/Partner Title	
Officer/Partner Name		Officer/Partner Title	
Officer/Partner Name		Officer/Partner Title	

BUSINESS AND CREDIT INFORMATION

Bank Name		Bank Name	
Primary Branch Address		Primary Branch Address	
City, State ZIP Code		City, State ZIP Code	
Phone		Phone	
Fax		Fax	
E-Mail		E-Mail	
Type of Account	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other	Type of Account	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other

BUSINESS/TRADE REFERENCES

Company Name		Contact Name	
Address		Phone	
City, State ZIP Code		E-Mail	
Type of Account	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other	Account Open Since	
Company Name		Contact Name	
Address		Phone	
City, State ZIP Code		E-Mail	
Type of Account	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other	Account Open Since	
Company Name		Contact Name	
Address		Phone	
City, State ZIP Code		E-Mail	
Type of Account	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other	Account Open Since	



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TERMS OF EXTENSION OF CREDIT AND GUARANTY AGREEMENT

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to Savannah Architectural Supply to verify the information contained herein. All applications approved are governed by the following:

1. Claims arising from invoices must be made within 7 working days.
2. All invoices are due 30 days from the date of the invoice.
3. A service charge of 1.5% per month is charged on past due balances until the account is paid in full.
4. Accounts past due are subject to hold until the account is current.
5. A \$35.00 handling charge is assessed to return checks marked NSF.
6. Credit policies, including terms and credit limit, are subject to change at the discretion of the accounting department at Savannah Architectural Supply.
7. Upon approval, applicant agrees to personally guarantee open balances with an alternate credit source that will remain on file.
8. Advance notice will be given to Savannah Architectural Supply of any change in the business structure (example: incorporation, changes in ownership, etc.); and that without such notice the original principals to whom credit was extended shall remain liable.
9. In the event of non-payment and the institution of legal proceedings, the person, firm, or corporation to whom an open account was extended agrees to bear the expense of all legal proceedings, plus a reasonable attorney's fee.
10. In the event of legal proceedings, whether initiated by Savannah Architectural Supply, the applicant, or the guarantor, venue rests in Savannah, Georgia. The same parties agree to binding arbitration. This agreement shall be governed by and construed in accordance with the laws of Georgia.

Signature		Date	
Printed Name		Title	