



574 Industrial Way N.
Dallas, GA 30132

Phone: (770) 505-6575
accounting@eric-sons.com

APPLICATION FOR CREDIT

COMPANY INFORMATION:

Date: _____
Company Name: _____
Name of Parent Company _____
IF APPLICABLE
Type of Business: _____
Date Business Started: _____
Principal Owners: _____
Federal ID#: _____
Credit Line Requested: _____

BILLING ADDRESS:

Street: _____
City: _____
State: _____ Zip: _____
Phone #: _____
Fax#: _____

BANK REFERENCE:

Name of Bank: _____
Street: _____
City: _____
State: _____ Zip: _____
Account #: _____
Phone #: _____ FAX#: _____
Bank Contact/Officer: _____

TRADE REFERENCES:

Name of Company: _____
Street: _____
City: _____
State: _____ Zip: _____
Account #: _____
Phone #: _____
Fax #: _____
Print Name: _____
Signature: _____

CONTACT NAMES:

Accounts Payable: _____
Purchasing Agent: _____
Business formation: ____ Corporation ____ Partnership
____ Proprietorship

Email address for Invoices to be sent:

SHIP TO ADDRESS:

Street: _____
City: _____
State: _____ Zip: _____
Phone #: _____
Fax#: _____

TRADE REFERENCES:

Name of Company: _____
Street: _____
City: _____
State: _____ Zip: _____
Account #: _____
Phone #: _____
Fax#: _____

TRADE REFERENCES:

Name of Company: _____
Street: _____
City: _____
State: _____ Zip: _____
Account #: _____
Phone #: _____
Fax#: _____
Title: _____
Date Signed: _____



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CREDIT AGREEMENT: Your signature(s) means that in consideration of Eric'sons, or its Divisions hereinafter referred to as Eric'sons, extending credit to you, you agree to the following terms of this agreement upon Eric'sons approval of and in reliance upon this application for credit;

1. Eric'sons will assign a credit line to you, and has the right to reduce or withdraw your credit privileges under this **CREDIT AGREEMENT** at any time without prior notice, except as otherwise provided by law.
2. Eric'sons may permit you to purchase goods and/or services from an Eric'sons outlet on credit. You agree that said purchases will be governed by the terms of this **CREDIT AGREEMENT**.
3. Invoices will be issued by Eric'sons for purchases made under this **CREDIT AGREEMENT**. Payment of the purchase price shall be made pursuant to the terms set forth on each invoice. Eric'sons may require you to sign the invoice at the time of ordering a credit purchase or at the time of delivery of the goods or services of the invoice. Whether or not you in fact sign the invoice, the date of shipment shall be deemed to be the date of invoice for purposes of payment and assessment of LATE PAYMENT CHARGES.
4. If you fail to pay Eric'sons in accordance with this credit agreement, Eric'sons has the right, subject to any right you have by law, to collect your default, to declare the entire balance of your account immediately due and payable. If any unpaid balance is referred to any attorney for collection, you will pay to the extent permitted by law, reasonable and accrued LATE PAYMENT CHARGES on said unpaid balance in accordance with the LATE PAYMENT CHARGE RATE SCHEDULE. YOU ALSO AGREE TO PAY ALL REASONABLE ATTORNEY'S FEES AND ALL COST INCURRED RELATING TO THE COLLECTION OF YOUR ACCOUNT.

LATE PAYMENT CHARGE will be computed on statement date on any invoice which falls in a past due position on the monthly closing date. This LATE PAYMENT CHARGE begins to accrue the day after the due date of the invoice. The LATE PAYMENT CHARGE is computed monthly on the outstanding balance past due after all payments and credits received by the closing date of the statement have been deducted. The LATE PAYMENT CHARGE will be computed based on the following rates, which are subject to change with proper notice to you. Monthly periodic rate of 1.5%, annual percentage rate of 18%, balance to which applied is entire balance.

My signature on the **CREDIT AGREEMENT** and my/our use of the account constitutes my/our consent to the terms and conditions of the account and the **CREDIT AGREEMENT**. Everything I have stated in this application is correct to the best of my knowledge. You are authorized to check my/our credit history, to answer questions about my/our credit experience, and to confirm the information on this application with my bank. I/we hereby acknowledge receipt of a copy of the **CREDIT AGREEMENT**.

Name: _____

Signature: _____

Title: _____

Date: _____



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AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize our references and bank to release any information necessary to assist in establishing a line of credit.

FIRM NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

AUTHORIZED BY: _____

Print Name

Signature Required

TITLE: _____

DATE: _____

(A copy of this form will be considered a bona fide authorization.)