



100 Independence Blvd
Columbia, SC 29210
803-750-6070

CREDIT APPLICATION

Date: _____

Applicant Contact and Business Information

Business Name: _____

Other Trade Name: _____ E-mail: _____

Telephone: _____ Fax: _____

Contact Name: _____ Contact Number: _____

Mailing Address: _____ City: _____ County: _____ State: _____ Zip: _____

Business Address: _____ City: _____ County: _____ State: _____ Zip: _____

Parent Company or Headquarter Address: _____

Years in business: _____

Corporation (Privately Held) Corporation (Publicly Traded)...Symbol _____ Partnership Sole Proprietor Federal, State or Local Gov't.

Federal ID # _____ (Corporation or Government) Social Security # _____ (All Others)

Principle Officers, Partners, or Individual Proprietor: (Attach additional page if necessary)

Corporate Officer: _____ Title: _____

Corporate Officer: _____ Title: _____

Corporate Officer: _____ Title: _____

Bank References

Bank Name: _____ Bank Name: _____

Contact Name: _____ Contact Name: _____

Account #: _____ Account #: _____

Phone #: _____ Phone #: _____

Email: _____ Email: _____

Fax #: _____ Fax #: _____

Trade / Credit References (Please list your larger suppliers/vendors)

Reference Name	Phone	E-mail	Account #
1.			
2.			
3.			
4.			
5.			
6.			

I certify that I am authorized to make this request on behalf of this company. I understand the payment terms of C.R. Jackson, Inc. are NET 30 and agree to pay all purchases according to these terms. I further agree this application is the property of C.R. Jackson, Inc., and authorize C.R. Jackson, Inc. to investigate credit and financial information through any credit bureau or by any other reasonable means including direct contact with past and present creditors and banking institutions.

Signed This _____ Day of _____ 20_____.

Authorized Signature _____ Title _____

Printed Name _____

CUSTOMER UNDERSTANDS THAT PAYMENT IS DUE 30 DAYS FROM THE DATE OF THE INVOICE. This application for credit has been read by the undersigned and is to the best of my knowledge complete and true in all aspects. Customer understands that a service charge may be assessed against all undisputed past due balances at the rate of 1.5 percent per month and hereby agrees to pay said service charges. To induce C.R. Jackson, Inc. to extend credit to the applicant, and in consideration of the extension of credit to the applicant, the undersigned officer, partner, or agent of the applicant agrees that by execution of the Credit Application on behalf of the applicant, he is personally liable, jointly and severally with the applicant, as guarantor(s) for the payment of all indebtedness and liabilities of the applicant owed to C.R. Jackson, Inc.. Demand payment and notice of indebtedness and default are expressly waived.

Initials after reading statement



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ACCOUNT SET-UP INFORMATION

Billing and Shipping Information

Business Name: _____

Accounts Payable Contact: _____ Telephone: _____ Fax: _____

Accounts Payable Email: _____

Tax Information

Tax Exempt N/A Yes No If yes, a resale or exemption certificate must be attached