



4103 Tench Road, Suite 700, Suwanee, GA 30024 (678) 541-0303 : (678) 541-0304 FAX

Credit Application Instructions

Dear Division 7 Supply Customer,

We are excited about the opportunity to do business with you. Please follow these simple instructions when completing the credit application to avoid delays and approval. The application must be filled out completely and must include all of the following information:

- Company name, address, Phone and Fax Numbers, Federal tax ID#, and principal owners and officers, EXACTLY as it is registered with the Secretary of State of Georgia.
- Principal Owners Name, Title, Home Address, and Phone number.
- A minimum of three trade references are required
- A minimum of one bank reference is required and must include an account number, phone number, address, and a contact name familiar with the account.
- Principal Owner or officers signature is required at the bottom of the application under the "Applicant's Authorized Agents Signature" Section.
- The signature of a witness and or public notary is required on the back of the application.
- Faxed copies can be used for initial processing of the application.
- *The **original** application is to be filled out completely and returned to Division 7 supply before final approval, no exceptions.*

Thanks again for the opportunity to serve your company and we look forward to building a lasting relationship. For question or concerns regarding this application, please feel free to call 678-541-0303 during regular operating hours, and someone will be glad to assist you.

Sincerely,

Kurt Metzger
Credit Manager



DIVISION 7 SUPPLY

CREDIT APPLICATION

Division 7 Supply, Inc.
4103 Tench Rd, Suite 700
Suwanee, Ga 30024
Phone: 678-541-0303
Fax: 678-541-0304

Date: _____

Applicant's Name: _____ Date Established: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Phone: _____ Fax: _____

Federal ID No.: _____ Dun & Bradstreet No: _____ Estimated Monthly Purchases: _____

Tax Exempt: Yes ___ No ___ If tax exempt, must provide a copy of the Tax Exempt Certificate

Business Structure: Sole Proprietorship: ___ Partnership: ___ Corporation: ___ Ltd. Liability Company: ___

Annual Sales: \$ _____ Number of Employees: _____

If Parent Company Exists: Division: ___ Subsidiary: ___ Name of Parent Company: _____

Principals, Owners, Officers:

<u>Name</u>	<u>Title</u>	<u>Home Address</u>	<u>Social Security #</u>	<u>Phone</u>

Bank Information

Bank Name: _____ Phone: _____ Fax: _____

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

Bank Contact: _____ Account #: _____

PLEASE ATTACH COPY OF THE COMPANIES TWO MOST RECENT YEAR-END FINANCIAL STATEMENTS.

Trade Information

Name: _____ Phone: _____ Fax: _____

Address: _____ Contact: _____

Name: _____ Phone: _____ Fax: _____

Address: _____ Contact: _____

Name: _____ Phone: _____ Fax: _____

Address: _____ Contact: _____

Additional Information

Have any of the principals or businesses listed above filed for bankruptcy? Yes ___ No ___ If yes, when: _____

Have you or your company ever had a Judgment place against them? Yes ___ No ___ If yes, when: _____

Who in your organization is responsible for purchasing inventory? Name: _____ Number: _____

Email Address of Primary Contact: _____

Name of Applicant's Authorized Agent: _____

Applicant's Authorized Agents Signature: _____

(All Owners/Officers Must Sign Terms-Conditions-Guarantee on Reverse Side, Both Sides Must Be Signed)

