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 www.decormoulding.com

7040 Battle Drive NW, Kennesaw, GA 30152

Credit Application

For Office Use Only	
Account No.: _____	Credit Line: _____
Approved By: _____	Date: _____

Company Name _____ **Date** _____

(_____) _____ (_____) _____
 (Area Code) Phone (Area Code) Fax **E-Mail Address** _____

Billing Address _____ **City** _____ **State/Zip** _____

Check One (✓) _____ Partnership _____ Sole Proprietorship _____ Corporation _____ Yrs. In Business _____

Business Type (✓) _____ Retail _____ Retail Chain _____ Distributor _____ OEM _____

Owner or Officer _____
 Owner/Principal _____ Street (Home Address) _____
 City/State/Zip _____ Social Security No. _____

Accounts

Payable Contact _____
 Name _____ Title _____ Phone _____

Bank _____
 Bank _____ Acct. No _____ Phone _____
 Street _____ City _____ State/Zip _____

Principal Trade Suppliers Only

Supplier 1 _____
 Acct. No _____ Phone _____
 Street _____ City _____ State/Zip _____

Supplier 2 _____
 Acct. No _____ Phone _____
 Street _____ City _____ State/Zip _____

Supplier 3 _____
 Acct. No _____ Phone _____
 Street _____ City _____ State/Zip _____

Check One Approximate Number of Employees: Check One (✓) _____ 1-3 _____ 4-8 _____ 9-15 _____ 15-25 _____ Over _____

Credit Limit Requested \$ _____ **OR** **None - Credit Card** **State Tax ID Number** _____

I (We) hereby certify that the above information is true, correct and complete. I (We) hereby authorize such credit inquiries as may be deemed necessary to confirm and investigate my (our) income, liabilities, credit and financial responsibility. I (We) hereby consent to the release and disclosure to Decor Moulding Ltd. and/or Southern Moulding LLC of the above information sought by those inquiries.

PLEASE ALLOW 2-3 WEEKS FOR PROCESSING OF CREDIT APPLICATION

WE AGREE TO ADHERE TO ALL TERMS AND CONDITIONS OF THE COMPANY. IN THE EVENT OF DEFAULT OF PAYMENT, THE CUSTOMER AND I SHALL BE HELD RESPONSIBLE FOR ANY OUTSTANDING BALANCE AND WE SHALL PAY FOR ALL COSTS OF COLLECTION, INCLUDING, BUT NOT LIMITED TO, ATTORNEY'S FEES AND COLLECTION FEES. All accounts are subject to approval from the Credit Department. A Finance charge of 1 1/2% (18% Annually) will be charged on past due balances.

Owner/Principal Signature _____