



P.O. Box 571

Griffin, Georgia 30224

770-227-5016 • 800-241-0246 • Fax 770-412-6264

**DEALER CREDIT APPLICATION**

To facilitate processing orders for new accounts, we request the following information:

COMPANY NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ P.O. BOX \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

1. Is your business a:

A. Single Ownership

B. Partnership

C. Corporation

2. If A. Name of Owner: \_\_\_\_\_

If B. Name of Partners \_\_\_\_\_

If C. Names of Principal Stockholders: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. How long have you been established? \_\_\_\_\_

4. Dun & Bradstreet Number and Rating, if known. \_\_\_\_\_

5. Please attach a copy of your latest financial statement of financial plan.

6. Your State Tax number \_\_\_\_\_

**SUPPLIERS**

**REFERENCES**

**BANK**

1. Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone \_\_\_\_\_

Name \_\_\_\_\_  
City & State \_\_\_\_\_  
Branch \_\_\_\_\_  
Phone \_\_\_\_\_  
Individual \_\_\_\_\_

2. Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone \_\_\_\_\_

3. Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone \_\_\_\_\_

Customer's Signature \_\_\_\_\_  
Date \_\_\_\_\_