



Credit Application

BUSINESS NAME: D&B RATING:
DBA/TRADE NAME: RESALE #
ADDRESS: CITY: STATE: ZIP:
PHONE: FAX: Credit Line Requested: \$
LEGAL ENTRY: We are a: Proprietorship Corporation Partnership ESTABLISHED SINCE:
In the state of: CORP ID#: FEDERAL ID#
HOW DID YOU HEAR ABOUT US? WORD OF MOUTH ADVERTISEMENT SEARCH ENGINE OTHER

Principals

NAME: SOCIAL SECURITY #: TITLE:
ADDRESS: CITY: STATE: ZIP:
PHONE: ALTERNATE PHONE: FAX:

Department Contacts

ACCOUNTS PAYABLE CONTACT: PURCHASING CONTACT:
PHONE: FAX: PHONE: FAX:
EMAIL ADDRESS: EMAIL ADDRESS:

Banking Information

BANK NAME: ADDRESS:
CONTACT: ACCOUNT #: PHONE:

Trade References

COMPANY NAME: COMPANY NAME:
CONTACT NAME: CONTACT NAME:
ADDRESS: ADDRESS:
CITY: STATE: ZIP: CITY: STATE: ZIP:
PHONE: FAX: PHONE: FAX:
COMPANY NAME: COMPANY NAME:
CONTACT NAME: CONTACT NAME:
ADDRESS: ADDRESS:
CITY: STATE: ZIP: CITY: STATE: ZIP:
PHONE: FAX: PHONE: FAX:

Terms & Conditions

I (We) acknowledge and agree as follows 1.) that all accounts are due and payable according to the terms noted on each invoice. 2.) Past due balances shall be subject to an interest charge of 2.5% per month from the date they are due, and payable through and including the date payment is received by Commodity Cables, Inc. 3.) returned checks are subject to a \$50.00 service charge 4.) I (we) agree to be personally liable for any and all reasonable costs incurred and collection costs, whether or not suit is filed. Payment of said costs is to be made no later than seven (7) days from the date Commodity Cables, Inc. provides documentation filed I (we) agree venue will be Atlanta, Georgia. 6.) I personally guarantee payment of all sums due to Commodity Cables, Inc. contained herein are accurate and correct, and further authorize Commodity Cables, Inc., or its agents to investigate the references or other furnished by the undersigned. Also, the undersigned agrees that if this account goes out of terms, Commodity Cables, Inc. may apply charges to the following credit card account which is in the name of the undersigned.

VISA/MASTERCARD _____ EXPIRATION DATE _____

NAME (Print) _____ SIGNATURE _____ DATE _____