

Bud Roberts Co., Inc. \_\_\_\_\_

CREDIT DEPT. USE ONLY	
Date Received:	_____
Date Approved/Denied:	_____
Approved By:	_____
Acct. #:	Terms: _____

3027 Summer Oak Place • Buford, GA 30518-0401

## APPLICATION FOR CREDIT

**Please Fax or mail back within 5 days so as not to delay your order.**

We hereby apply for the extension of credit by your company. Resale or Sales Tax Number  
 The following information is submitted as a basis for your consideration of our application. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Business Name \_\_\_\_\_ Established in \_\_\_\_\_  
 Doing Business as Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Billing Address \_\_\_\_\_  
 City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip + 4 \_\_\_\_\_  
 This Business is a: Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Sole Proprietorship \_\_\_\_\_  
 If incorporated, in which state? \_\_\_\_\_ Are you a subsidiary? \_\_\_\_\_  
 Parent Company \_\_\_\_\_ Parent Address \_\_\_\_\_ Parent Phone Number \_\_\_\_\_

Owners or Officers of the Business (indicate percent each owns):

	Title	Name	Home Address
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Bank Name and Address of Your Branch \_\_\_\_\_  
 Bank Account # \_\_\_\_\_ Officer to Contact \_\_\_\_\_ Phone \_\_\_\_\_

Present Suppliers:

Name	Phone/Fax#	Complete Mailing Address
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Anticipated monthly purchases: \_\_\_\_\_  Check here if cash sales are okay until open account is approved  
 Check here if cash sales are okay until open account is approved

I certify that all information on this form is correct and authorize Bud Roberts Co. to obtain a written or oral report from any credit reporting agency; applicant further authorizes any bank or commercial business to give any and all necessary information to the creditor which will assist creditor in their investigation. If credit is extended, I agree to pay debts incurred by the 10th of the month following each sale. This agreement constitutes the entire agreement between the parties; it cannot be orally modified and can be amended only by mutual written consent. Applicant waives the right to challenge the propriety of and/or the charges made for products, services and expenses on any statement or billing unless Bud Roberts Co. receives a definitive written complaint within thirty (30) days from the date of the billing. Past due invoices will accrue an interest charge of 18% per annum (1.5% per month). Bud Roberts Co. shall be entitled to an additional 15% of the total balance due if collected by or thru an attorney or if action is filed to collect balance due. As used herein, the term "applicant", when referring to the payment of billings and statements, shall mean all persons signing this agreement on behalf of applicant, whether individually or on behalf of a corporation or other business entity, and each of them be jointly and separately obligated hereunder.

APPLICANTS NAME (Please print) \_\_\_\_\_ Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**800-955-8288 • LOCAL: 678-546-8691 • FAX: 678-546-8692**