

**CREDIT APPLICATION**

Sales Rep \_\_\_\_\_

Company Name: \_\_\_\_\_ DBA: \_\_\_\_\_

Billing Address: \_\_\_\_\_

County \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

County \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How Long In Business: \_\_\_\_\_ E-mail: \_\_\_\_\_

Owner: \_\_\_\_\_ SS#: \_\_\_\_\_

Home Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Sales Tax ID#: \_\_\_\_\_ (Required for tax exemption)

Manager/Contact: \_\_\_\_\_ PO# Required? Yes No

Special instructions: \_\_\_\_\_

Bank Reference: \_\_\_\_\_ Acct #: \_\_\_\_\_

Address: \_\_\_\_\_ Officer: \_\_\_\_\_ Phone #: \_\_\_\_\_

All charges are due **THIRTY DAYS** from invoice date and are due and payable to FabriClean Supply of Atlanta, LP 5330 Dividend Drive Decatur GA 30035. The undersigned personally hereby unconditionally agrees to pay FabriClean Supply of Atlanta, LP (the Company) the prompt and complete payment when due of any and all unpaid amounts owing at any time to the above company. The creditor may proceed directly against the undersigned without having exhausted remedies against the above named firm. The undersigned agrees to pay reasonable attorney's fees and any and all other costs and expenses incurred in collecting past due amounts. Customer is subject to a service charge of 1.5% per month on all past due accounts and a 15% restocking fee on all goods returned when an order is filled correctly and merchandise is accepted for return. Supplies and equipment purchased are guaranteed only to the extent they are guaranteed by the manufacturer. All claims are null and void unless reported in writing within ten days of receipt. Buyer shall, at its cost and expense, defend, indemnify, and hold the Companies harmless from and against any claims by any other party arising out of or in connection with the products or their use, installation, or maintenance, or otherwise arising out of the Company's performance of this agreement.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

Applicant's signature above signifies full and unconditional acceptance of all the terms and conditions of terms as stated above. Applicant declares all information submitted to be true and correct to the best of their knowledge and authorizes the Company to verify applicant's employment and credit history and to answer any inquiries concerning applicant's credit history with the Company.

Please attach your Tax Exemption Resale Certificate.

Florida	Alabama	Virginia	South Carolina	Georgia	Tennessee
Tampa	Birmingham	Richmond	Columbia	Decatur	Nashville
800-282-2924	800-626-8428	800-446-3006	800-272-0540	800-688-3032	800-622-3479
Jacksonville					Knoxville
800-553-9040					800-888-2234