CREDIT APPLICATION

CUSTOMER NAME_____

ADDRESS_____

CITY_____, STATE_____, ZIP_____

PHONE#_____FAX#_____ YEARS IN BUSINESS_____

A/P CONTACT& PHONE #_____

BANK REFERENCES:

BANK NAME_____, CONTACT_____, PHONE#_____

ADDRESS_____

CITY_____, STATE_____, ZIP_____

TRADE REFERENCES:

COMPANY NAME_____CONTACT_____

PHONE#_____FAX#_____(required)

COMPANY NAME_____CONTACT_____

PHONE#_____ FAX#_____(required)

COMPANY NAME_____CONTACT_____

PHONE#_____ FAX#_____(required)

NAMES OF PEOPLE WHO ARE AUTHORIZED TO ORDER:_____

I AUTHORIZE CENTRAL CAROLINA SCALE TO USE THE ABOVE INFORMATION FOR A CREDIT CHECK ON OUR COMPANY.

DATE_____,SIGNATURE_____,TITLE_____

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