

9 TELFAIR PLACE
SAVANNAH, GA 31415



(912) 234-9219
(912) 238-1734 FAX

APPLICATION FOR CREDIT
(Application must be signed by Owner or Authorized Officer)

APPLICANT: _____ PHONE: (____) _____

MAILING ADDRESS: _____
Street or P.O. Box City State Zip

PHYSICAL ADDRESS: _____
Street or P.O. Box City State Zip

FAX NUMBER: (____) _____ A/P _____
Name Phone Number

DATE INCORPORATED: _____ TAX EXEMPT #: _____
Please Attach Sales Tax Exempt Certificate

CREDIT LINE AMOUNT REQUESTED: \$ _____ PLEASE LIST
JOBS IN AREA: _____

OWNERSHIP: Corporation _____ Partnership _____ Sole Proprietorship _____

NAME OF PRINCIPLES:

1): _____
Name Address Social Security

2): _____
Name Address Social Security

CORPORATE NET WORTH: \$ _____ INDIVIDUAL NET WORTH: \$ _____

PLEASE ATTACH LATEST FINANCIAL INFORMATION

Do you require a purchase order number on your billing invoice? Y N

Do you prefer to have invoices and statements faxed or emailed? Fax #: (____) _____

Email: _____

Office Use Only:

CDI Sales Rep: _____

CREDIT TERMS

1. GRANTING OF CREDIT

A prospective open account customer must furnish the information requested on this form and allow sufficient time to adequately check references. Normally this requires two to three days.

2. TERMS

Terms are stated on each invoice. Discounts, if applicable, will be indicated on each invoice, along with the discount due date, and will be allowed if payment is received on or before the date shown. Discounts taken beyond the due date will be charged back to this account

3. FINANCE CHARGE

Finance charges will be assessed against the unpaid balance of all invoices which becomes 31 days old, and will be compounded at the rate of 1 ½% per month or 18% annually. Customers who refuse to pay finance charges will be placed on C.O.D. status until the finance charges are paid. Finance charges are due at the time such charges are assessed.

4. FREIGHT

All shipments are F.O.B. Savannah, GA. F.O.B. mill or point of shipment.

5. GUARANTY

This is a continuing guarantee relating to any indebtedness including that arising under successive transactions. CDI has the authority to extend the time of payment of any indebtedness or any part thereof without notice and without releasing the liability of the Customer/ Guarantor. The Customer/Guarantor waives any right to require CDI to give any notice of indebtedness or default in payment. Nor will it be necessary to procure a judgment against the company named on this form before demanding payment of which is hereby guaranteed.

6. PAYMENTS

Each invoice is due in full on or before Net 30 days from invoice date, unless otherwise stated. A policy of using U.S. Postal Service postmark will be adhered to, not the date of the check or office postage machine used, in determining prompt payment. *

All payments will be applied first to open finance charges. The balance will be applied to the oldest open invoices, unless payment to particular invoices is identified by the customer on remittance and approved by CDI.

These terms apply to all open account customers. There will be no exceptions unless prior arrangements have been made and approval given, in writing, by the President.

*If an invoice is paid by credit card after the net 30 date, we will impose a 2.5% surcharge in accordance with card brand rules. 10/28/2013

Job Accounts

Contractors Depot, Inc. uses job accounts, which means we will need your job information prior to making purchases. Your company should also notify Contractors Depot when beginning a new job. Please fill out and return this form in person or by fax. Thank you for your business and cooperation.

Job Name: _____ **Job Number:** _____

Job Address: _____
(Street Address)

(City, State, Zip)

Contact: _____ **Phone Number:** _____

Sales Tax Status: Taxable _____ Exempt Number _____

Owner of Job: _____

Contractor: _____

Subcontractor: _____

Please email to AR@contractorsdepotinc.com