



CREDIT APPLICATION

1623 CEDAR LINE DR.
ROCK HILL, SC 29730

BUSINESS NAME: _____
 STREET ADDRESS: _____
 BILLING ADDRESS: _____
 CITY: _____ COUNTY: _____ STATE: _____ ZIP: _____
 PHONE: _____ FAX: _____
 PURCHASING AGENT: _____
 ACCOUNTS PAYABLE CONTACT: _____
 DATE BUSINESS STARTED: _____ # OF EMPLOYEES: _____
 IS YOUR FIRM A: CORPORATION ___ PARTNERSHIP ___ PROPRIETORSHIP: ___
 TYPE OF BUSINESS: _____
 HAVE YOU FILED BANKRUPTCY WITHIN THE LAST 7 YEARS? _____
 IF SO, WHEN: _____
 IS PO# REQUIRED: _____ TAX EXEMPTION #: _____
 AMOUNT OF CREDIT REQUESTED: _____ (ATTACH COPY)
 MONTHLY STATEMENT REQUIRED: YES _____ NO _____
 IS COMPANY LOCATED WITHIN ROCK HILL CITY LIMITS: _____

REFERENCES:

SUPPLIERS:

NAME: _____
 ADDRESS: _____
 PHONE: _____
 FAX: _____

NAME: _____
 ADDRESS: _____
 PHONE: _____
 FAX: _____

NAME: _____
 ADDRESS: _____
 PHONE: _____
 FAX: _____

CREDIT TERM AND CONDITIONS OF ACTION BOLT & SUPPLY, INC.

In consideration of the extension of credit by Action Bolt & Supply, Inc. (hereinafter referred to as Action Bolt), the undersigned agrees:

1. To pay the balance of the account in full on the designated date following date of purchase.
2. To pay service charges on any delinquent amount at the maximum rate prescribed by law.
3. To pay all reasonable charges for collection, including reasonable attorney fees and court costs, if the account is placed with an attorney or collection agency.
4. That Action Bolt standard terms and conditions set forth on its invoices shall govern all sales to the undersigned.
5. In the event a legal action is commenced solely to enforce any of the terms of purchase or obligations created hereby or herinafter, the legal action will be commenced in, and the proper place of trial therefore shall be, a court of competent jurisdiction in the county in which the distributing warehouse is located.
6. I/we hereby authorize Action Bolt to investigate the references listed pertaining to my/our credit and financial responsibility.

By signing below, the undersigned acknowledges, accepts and agrees to Action Bolt & Supply's terms and conditions and certifies that the information given herein is true and correct.

COMPANY NAME: _____

SIGNATURE: _____

TITLE: _____ DATE: _____

FEDERAL I.D. NUMBER: _____

**ALL INFORMATION ON THIS APPLICATION WILL BE TREATED AS STRICTLY
CONFIDENTIAL**

ACCT NUMBER: _____

DATE ENTERED: _____

DATE APPROVED: _____

CREDIT LIMIT: _____

PHONE (803)324-2658

FAX (803)324-2181