



## 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