



Advanced Distributor Products®

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Phone: 662-229-3000
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Form # F-CA1

Credit Application

Business Name \_\_\_\_\_ Name of parent company, if subsidiary \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

If incorporated, under laws of what state? \_\_\_\_\_ What year was the above business started? \_\_\_\_\_

Credit Limit Requested \$ \_\_\_\_\_ Estimated Initial Sale \$ \_\_\_\_\_ Payment Terms \_\_\_\_\_

Are sales tax exempt? Yes \_\_\_\_\_ No \_\_\_\_\_ Sales Tax Number \_\_\_\_\_ (PLEASE ATTACH COPY OF EXEMPTION FORM)

Table with 2 columns: Corporation/Partnership/Proprietorship and Bank References. Each column contains fields for Name of Principal, Address, City, State, Zip, and Title.

Trade References
(Attach separate list if desired)

Table with 5 columns: Supplier, Address, City-State-Zip, Telephone, Fax. Three empty rows for data entry.

Terms of sale will be Net 30 days. In the event it becomes necessary to incur collection costs, or institute a suit under our open charge account agreement, the undersigned promise to pay all collection and associated costs. Please attach a current Financial Statement, audited preferred. The above information is for the purpose of obtaining credit and is warranted to be true. I/We hereby authorize ADP to investigate the references listed.

Date \_\_\_\_\_ Signature \_\_\_\_\_ Title \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_ Title \_\_\_\_\_