

Applicant's Name (Individual) \_\_\_\_\_ Date \_\_\_\_\_  
 Company \_\_\_\_\_  
 Address \_\_\_\_\_

**Business Information**

Type of Business \_\_\_\_\_  
 Type of Ownership:     \_\_\_Corporation   \_\_\_Partnership   \_\_\_Individual

*Owners, Partners, or Officers*

Name \_\_\_\_\_ Telephone \_\_\_\_\_  
 Address \_\_\_\_\_  
 E-Mail Address \_\_\_\_\_  
 Name \_\_\_\_\_ Telephone \_\_\_\_\_  
 Address \_\_\_\_\_  
 E-Mail Address \_\_\_\_\_  
 Name \_\_\_\_\_ Telephone \_\_\_\_\_  
 Address \_\_\_\_\_  
 E-Mail Address \_\_\_\_\_  
 No. of years in business \_\_\_\_\_

**Financial and Credit Information**

Bank Name \_\_\_\_\_ Account # \_\_\_\_\_  
 Bank Address \_\_\_\_\_  
 Bank Officer \_\_\_\_\_ Telephone \_\_\_\_\_  
 Bank Name \_\_\_\_\_ Account # \_\_\_\_\_  
 Bank Address \_\_\_\_\_  
 Bank Officer \_\_\_\_\_ Telephone \_\_\_\_\_

**Credit Reference**

Name \_\_\_\_\_ Telephone \_\_\_\_\_  
 Address \_\_\_\_\_ Account # \_\_\_\_\_  
 Name \_\_\_\_\_ Telephone \_\_\_\_\_  
 Address \_\_\_\_\_ Account # \_\_\_\_\_  
 Name \_\_\_\_\_ Telephone \_\_\_\_\_  
 Address \_\_\_\_\_ Account # \_\_\_\_\_

In making this application for credit, Customer authorizes Carolina Country to make an investigation to determine whether Carolina Country will extend credit, including checking with the banks, Szabo & Associates, and credit references listed above.

If credit is extended, Customer, in consideration thereof, agrees to pay each invoice within thirty days from the date billing after which date any unpaid invoice is Past Due, and Carolina Country, or its assigns, may charge interest at the rate of 18% per annum from the date of billing on any past due invoice. Customer understands that any invoice not paid within thirty days from date of billing may be placed in the hands of an attorney for collection. Customer agrees to pay all reasonable attorney's fees, expenses and court costs if this account or any invoice or any charge thereunder which is past due is placed in the hands of an attorney for collection or for any other action for enforcement thereof.

Customer certifies that all information on this form is correct and that Customer fully understands the credit terms and agrees to payment in accordance with credit terms.

Customer \_\_\_\_\_  
 Signed \_\_\_\_\_  
 Title \_\_\_\_\_

You can also complete this form online at [www.carolinacountry.com/Adpages/opps.html](http://www.carolinacountry.com/Adpages/opps.html)

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