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CREDIT APPLICATION

COMPANY NAME _____

BUSINESS STRUCTURE :

DATE BUSINESS STARTED UNDER PRESENT CONTROL:

- Proprietorship
- Partnership Corporation

SALES TAX ID#: _____

FINANCIAL DATA :

OWNER/PRINCIPLES AND TITLE :

YTD as of 20__

- (1) _____
- (2) _____
- (3) _____

NET PROFIT \$ _____
NET WORTH \$ _____
TOTAL SALES \$ _____
ESTIMATED MONTHLY PURCHASES \$ _____

BRANCHES/AFFILIATES :

- NO YES, Please attach addresses

BILLING ADDRESS: _____

SHIPPING ADDRESS: _____

CITY _____ STATE _____ ZIP _____

CITY _____ STATE _____ ZIP _____

TELEPHONE: _____

SPECIAL SHIPPING INSTRUCTIONS: _____

ACCOUNTS PAYABLE PHONE: _____

A/P CONTACT: _____

FAX NUMBER: _____

TRADE REFERENCES

COMPANY: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE #: _____

COMPANY: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE #: _____

COMPANY: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE #: _____

BANK: _____
ADDRESS: _____
ACCOUNT #: _____
PHONE #: _____

This application is submitted for the purpose of obtaining credit and is true and complete understand an incomplete application may keep us from obtaining credit. I authorize Austin Enclosures to investigate all bank/credit reports with respect to our credit responsibility understand your **terms are 2% 30, net 31 days** and shipments are not generally made on delinquent accounts. I understand that we may be subject to a 1 1/2% finance charge per month on all standing balances. I agree to keep these terms if granted an open account. I agree to pay lawyer/collection fees if this account is placed for collection.

Customer Signature: _____ Title: _____ Date: _____