SOUTH ATLANTIC, LLC

1907 SOUTH 17TH ST WILMINGTON, NC 28401 Phone: (910) 332-1900 Fax: (910) 332-1902

CREDIT APPLICATION

PLEASE COMPLETE ENTIRE ACCOUNT FORM – SIGN AND DATE APPLICATION				Please return this form to the Credit Department at the address shown					
				CREDIT DEPARTMENT WILMINGTON					
DATE ACCOUNT NO. (Co				empleted by Credit Dept) CREDIT LIMIT					
COMPANY				DIVISION OR SUBSIDIARY OF:					
BILLING ADDRESS				PHYSICAL ADDRESS OF HOME OFFICE OR COPORATE OFFICE					
PHONE FAX ()				TYPE OF OWNERSHIP: PROPRIETORSHIP PARTNERSHIP CORPORATION LLCGOVTOTHER					
STATE TAX EXEMPT NO. (CERTIFICATE MUST BE ATTACHED			ED) PURC	Control of			CC. PAYABLE CONTACT:		
METHOD TO RECEIVE INVOICES:				JS MAIL		EMAIL - PROVIDE E-MAIL ADDRESS			
FEDERAL TAX ID#			CODE	YEARS IN BUSINESS			PURCHASE ORDER NO. REQUIREDYES NO		
OWNERS AND OFFICERS	3						•		
FULL NAME ADDRE		ADDRESS	ESS		SOC.SEC NUMBER		PHONE		
*,									
BANKING INFORMATION									
BANK	BANK ADDRES		SS		ACCOUNT NO.			PHONE	
BANK OFFICER SIGNATURE AUTHO		URE AUTHORIZIN	HORIZING VERIFICATION OF CRED		TYPE OF ACCOUNT		Т	CHECKING	
BARKOTTIOLIK		AND BANK ACCOUNT:			TIME PAYMENT			COMMERCIAL LOAN	
BANK		ADDRESS			ACCOUNT NO.			PHONE	
BANK OFFICER	NK OFFICER SIGNATURE AUTHORIZING VERIFICATION AND BANK ACCOUNT:			TYPE OF ACCOUNTTIME PAYMENT			CHECKING COMMERCIAL LOAN		
BUSINESS INFORMATIO	VI							· ·	
DESCRIPTION OF BUSINESS PRINCIP		PRINCIPAL C	PAL CUSTOMER SERVED		PRINCIPAL COMMODITY		ODITY		
UNSECURED TRADE REI	FERNCES: MATE	RIAL SUPPLIER	RS						
NAME ACCOUNT NUMBER STREET ADD			REET ADDRESS	S/ CITY STATE/ ZIP			Р	HONE/ FAX	
1.							- 1	P	
							1	F	
2.			×			2 x		P	
						*		F	
3.			. \					P	
								F	
4.			1					P	
								F	
able to meet any commitments	will be relied upon I (we) have made a t met, I(we) agree t	for establishment and I(we) expect to pay the interest	t of that account, to o pay your invoice on the unpaid am	nat I am author s according to ount at the rate	ized in my (our) your terms of N of 18%APR pl	firm acc	ordingly. I (we) days following penalty charge	prestand that the information believe that our firm is financially the day the charge was incurred of 2% and further agree to pay all	
								RECTOR	
DATE: SIGNATURE:							OV	VNER	