

**Caudells’ Machine & Tooling, Inc.**

*Service Provider to Industry – Since 1981*

**CREDIT APPLICATION FOR BUSINESS ACCOUNTS**

|  |  |  |  |
| --- | --- | --- | --- |
| **BUSINESS CONTACT INFORMATION** | | | |
| **Company Name:** | | | |
| **Bill to address:** | | **Ship to:** | |
| **City/St/Zip:** | |  | |
| **Phone No.:** | | **Fax No.** | |
| **Email:** | | **Website:** | |
| **Federal ID (EIN):** | | **D&B No.:** | |
| **Check appropriate box for federal tax classification:** | | | |
| Individual/Sole Proprietor C-Corporation S Corporation Partnership LLC Other | | | |
| **Payment Contact:** | Phone: | | Email: |
|  | | | |
| **Chief Officers & Titles** |  | |  |
|  | |  |
|  | |  |
| **BANK CREDIT INFORMATION** | | | |
| **Bank Name:** | | **Contact Name:** | |
| **Address:** | | **Phone No.:** | |
| **City/St/Zip:** | | **Fax No.:** | |
| **Year credit established with this bank.** | | **Email:** | |
| **Type of account: Checking Savings Other** | | | |
| **Account No.:** | | **Bank Routing No.:** | |
| **COMMERCIAL TRADE REFERENCES** | | | |
| **Company Name:** | | **Phone No.:** | |
| **Address:** | | **Fax:** | |
| **City/St/Zip:** | | **Email:** | |
| **Type of account:** | | **Other:** | |
| **Company Name:** | | **Phone No.:** | |
| **Address:** | | **Fax:** | |
| **City/St/Zip:** | | **Email:** | |
| **Type of account:** | | **Other:** | |
| **Company Name:** | | **Phone No.:** | |
| **Address:** | | **Fax:** | |
| **City/St/Zip:** | | **Email:** | |
| **Type of account:** | | **Other:** | |
| **SALES & USE** | | | |
| **Are your orders taxable in Georgia? Yes No** | | **If yes, for what county?** | |
| ***(Note: If tax exempt, complete a Sales & Use Exemption Certificate as required by Georgia Law and submit it with this Credit Application.)*** | | | |
|  | | | |
| **PAYMENT TERMS OF SALE** | | | |
| **In consideration of being extended credit by Caudell’s Machine & Tooling, Inc.,**  **The firm/individual of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_hereby agrees to the following terms of sale:**  **Acceptance of goods/services constitutes acceptance of payment terms.**  **Invoices are due Net within 30 days from date of invoice.**  **If account becomes delinquent, I/we agree to pay all cost of collection including late charges of 1 ½% per month plus reasonable collection agency fees, court cost, filing fees and attorney fees.**  **We authorize Caudell’s Machine & Tooling, Inc., to contact bank and trade references listed on page one of this application and authorize release of confidential financial and credit information concerning our company.**  **On behalf of above designated firm/individual,**  **Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Printed Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |

**Caudell’s Machine & Tooling, Inc.**

**1154 GA Hwy 59**

**Commerce, GA 30530**

**Tel: (706) 335-5895**

**Fax: (706) 335-7991**

**Credit Application**

**Email: accounts@caudells.com**