

 **Caudells’ Machine & Tooling, Inc.**

 *Service Provider to Industry – Since 1981*

**CREDIT APPLICATION FOR BUSINESS ACCOUNTS**

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| --- |
| **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**