



CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION

Date:			
Company name:			
Phone:	Fax:	E-mail:	
Mailing address:			
City:		State:	ZIP Code:
Primary/Shipping business address:			
City:		State:	ZIP Code:
Date business commenced:			
Sole proprietorship:	Partnership:	Corporation:	Other:
Accounts Payable Name:		Email for Invoices:	

CREDIT INFORMATION

Owner/President:		Years in business?	
Bank name:			
Bank address:		Phone:	
City:		State:	ZIP Code:
Taxable?	Taxable %	Resale #	

BUSINESS/TRADE REFERENCES

Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize Bay Area Screw & Supply Co. Inc. to make inquiries into the banking and business/trade references that you have supplied.
4. If tax exempt include a copy of your certificate.

SIGNATURES

Title: Date:	Title: Date:
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Mobile, Alabama 36607

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Fax (251) 478-5404

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