



TO AVOID DELAYS
PLEASE FILL OUT
COMPLETELY AND
HAVE SIGNED BY
THE APPROPRIATE
OFFICER OF YOUR
COMPANY

CREDIT APPLICATION

Date: _____ Customer No. _____ Credit line requested: _____

Firm Name _____ Trade style / dba _____

Address _____ City _____ State _____ Zip _____

Billing address (If different) _____ Phone: () _____

A/P Contact _____ Years in Business _____ Fax: () _____

Please check one: () Corporation () Partnership () Sole Proprietor Business License No.: _____

Officers, Partners or Proprietor, please complete the following: Federal Tax Id. No.: _____

Name _____ SS#: _____

Address _____ Home Phone: _____

Name _____ SS#: _____

Address _____ Home Phone: _____

Trade Reference(s):

(1) Name _____ Address _____ City _____ State _____ Zip _____ Phone _____ Contact/Account# _____	(2) Name _____ Address _____ City _____ State _____ Zip _____ Phone _____ Contact/Account# _____
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(3) Name _____ Address _____ City _____ State _____ Zip _____ Phone _____ Contact/Account# _____	(4) Name _____ Address _____ City _____ State _____ Zip _____ Phone _____ Contact/Account# _____
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Bank Reference(s):

(1) Name _____ Address _____ City _____ State _____ Zip _____ Phone _____ Acct.# _____ Contact: _____	(2) Name _____ Address _____ City _____ State _____ Zip _____ Phone _____ Acct.# _____ Contact: _____
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TERMS & CONDITIONS: Applicant's signature attests financial responsibility and willingness to pay our invoices in accordance with Athens Services' terms. Late fee of 1.5% per month will be charged on all past due balances. Returned checks are subject to a \$20.00 service charge. Should it become necessary for Athens Services to retain an outside agency or attorney to assist in the collection of this account, the applicant agrees to pay all reasonable collection or attorney fees in addition to the applicable late charges. The above information is provided for the purpose of obtaining credit and is warranted to be true. Applicant hereby authorizes the above companies to release information to Athens Services pertaining to the applicant's credit and financial responsibility.

Signature

Title

Print or Type Name

Date

PRELIMINARY INFORMATION

JOB:

NAME _____
ADDRESS _____
CITY _____
CONTACT PERSON _____
TELEPHONE # _____

OWNER:

NAME _____
ADDRESS _____
CITY _____
CONTACT PERSON _____
TELEPHONE # _____

GENERAL CONTRACTOR:

NAME _____
ADDRESS _____
CITY _____
CONTACT PERSON _____
TELEPHONE # _____

LENDER:

NAME _____
ADDRESS _____
CITY _____
CONTACT PERSON _____
TELEPHONE # _____

PROJECTED EXPENDITURE:

\$ _____