



4720 Frederick Drive  
Atlanta, Ga. 30336  
(404) 691-8422 Fax (404) 691-1882

Salesperson: \_\_\_\_\_

### New Account Application

Legal Business Name: \_\_\_\_\_

DBA \_\_\_\_\_

Bill to Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Trade Contact Name: \_\_\_\_\_

Trade Contact Phone Number: \_\_\_\_\_

Trade Contact E-mail: \_\_\_\_\_

Accounts Payable Contact Name: \_\_\_\_\_

Accounts Payable Contact Phone Number: \_\_\_\_\_

Accounts Payable Fax Number: \_\_\_\_\_

Accounts Payable E-mail: \_\_\_\_\_

**\*\*\*All invoices are sent out via Fax or E-Mail, please circle which option you prefer.**

Ship To  
Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

#### Delivery Instructions

Business Type:    Corporation                      Partnership                      Proprietorship

Federal ID # \_\_\_\_\_ or S.S.# \_\_\_\_\_

Name of Officers (with title) \_\_\_\_\_

Are Purchase Orders required? \_\_\_\_\_ Sales Tax Exempt \_\_\_\_\_ Resale \_\_\_\_\_  
*A copy of Sales Tax Certificate must be attached for Sales Tax Exempt*

#### Trade References (Vendors you do business with and pay on credit terms)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone# \_\_\_\_\_ Fax# \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone# \_\_\_\_\_ Fax # \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

.....  
Bank: \_\_\_\_\_ Acct. # \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone # \_\_\_\_\_

.....  
Credit Amount Requested: \_\_\_\_\_  
.....

**I/We warrant that the firm is solvent. I/We warrant that no owner (if a proprietorship or partnership) or no officer (if a corporation) has been the subject of a personal bankruptcy in the last ten (10) years, and that the firm is not currently in any bankruptcy.**

**It is agreed that a service charge of 1.5% per month may be charged on all delinquencies or the highest rate permitted by prevailing state law, whichever is lower. Should it be necessary to assign the account balance to a licensed collection agency or attorney for legal action, the applicant shall pay all subsequent collection charges and legal fees.**

**A \$30 fee will be charged for all returned checks.**

**The applicant understands that Southeast Link will undertake their usual credit investigation and authorizes applicant's bank to release information as required by Southeast Link to perform their credit approval procedures.**

**Unless otherwise stated, the terms of the account will be NET 30 days. Therefore be it understood that all purchases be due and payable by the 30<sup>th</sup> day from the date of the invoice(s). To induce the granting of credit to the above named firm, the undersigned official warrants that he/she is an owner, partner, or officer in the above named firm and hereby personally guarantees the above firm's credit and subsequent payables.**

**Officer's  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**Print Name: \_\_\_\_\_ Title: \_\_\_\_\_**

**Please mail this original application to the address above, attention Credit Dept. Also, please attach any other documentation such as tax certificates as we will need this information in your credit file.**