



CREDIT APPLICATION BUSINESS

DATE _____

SALESMAN: _____

BUSINESS:

Legal Business Name: _____

Incorporated ____ Partnership or ____ LLC ____.

If your company is sales tax exempt, please provide copy of GA form ST-5.

Physical Address: _____

City: _____ State _____ Zip Code _____

Mailing Address: _____

City: _____ State _____ Zip Code _____

Federal Tax ID# _____

Phone: _____ Cell: _____ Office: _____

Business Bank Name: _____

Contact Name: _____ Phone: _____

If partnership:

1ST Partner's Name: _____

Address: _____

City: _____ State _____ Zip Code _____

SSN: _____ Phone: _____

If partnership: 2ND Partner's

Address: _____

City: _____ State _____ Zip Code _____

SSN: _____ Phone: _____

Do you require purchase order numbers? Yes, ____ No ____

Desired Credit Limit: _____



BILLING STATEMENT OPTIONS

TO RECEIVE: STATEMENT & INVOICES ___E-Mail ___Mail

E-Mail Address: _____

Authorized Buyers/Signers on the account: _____

Officer 1: _____ Address: _____

SSN: _____ Phone: _____

Officer 2: _____ Address: _____

SSN: _____ Phone: _____

Officer 3: _____ Address: _____

SSN: _____ Phone: _____

Trade References (no credit cards)



Current Large Jobs for Account

(Funds Verification required on all jobs over \$5,000)

Job 1:

Building Site Address _____
City: _____ State _____ Zip Code _____ County _____
Subdivison _____ Permit _____ Lot# _____
Construction Loan Bank Name: _____
Contact Name: _____ Phone: _____

Job 2:

Building Site Address _____
City: _____ State _____ Zip Code _____ County _____
Subdivison _____ Permit _____ Lot# _____
Construction Loan Bank Name: _____
Contact Name: _____ Phone: _____

Job 3:

Building Site Address _____
City: _____ State _____ Zip Code _____ County _____
Subdivison _____ Permit _____ Lot# _____
Construction Loan Bank Name: _____
Contact Name: _____ Phone: _____

TERMS OF ACCOUNT

THIS ACCOUNT IS NOT A REVOLVING CHARGE ACCOUNT. PAYMENT IN FULL IS DUE BY THE 10TH OF THE FOLLOWING MONTH. A FINANCE CHARGE OF 1.5% PER MONTH WILL BE APPLIED TO ACCOUNTS THAT HAVE UNPAID INVOICES FOR 31 DAYS OR MORE. ACCOUNTS OVER 30 DAYS WILL BE SUBJECT TO CREDIT HOLD AND A LIEN PLACED ON PROPERTY. WE RESERVE THE RIGHT TO KEEP LIENS IN PLACE UNTIL MORTGAGE CLOSING. IF SOCIAL CIRCLE ACE HOME CENTER IS FORCED TO SEEK LEGAL ACTION TO ATTAIN PAYMENT OF AN ACCOUNT, THE LEGAL EXPENSES AND ALL ATTORNEY'S FEES INCURRED WILL BE ADDED TO THE ACCOUNT BALANCE. I HEREBY UNDERSTAND AND ACCEPT THESE TERMS AS STATED ABOVE, AND UNDERSTAND THAT I AM RESPONSIBLE FOR ALL EXPENSES ADDED TO THIS ACCOUNT.

CUSTOMER'S SIGNATURE _____

ACCOUNT PERSONALLY GUARANTEED BY _____

(NEED SIGNATURE)

(CONTINUING PERSONAL GUARANTEE)



Consent for Credit Check

I/We hereby give my/our consent to have Farm and Home Supply, Inc. dba/Social Circle Ace Home Center and/or their/its assigns to obtain any and all information regarding my/our employment, checking, and or savings accounts, credit obligations, rental information and all other credit matters that they/it may require for the purpose of determining my/our credit worthiness. This consent is effective for a period of six months from the date of this consent. This form may be reproduced or photocopied and such copies shall be as effective as the original consent, which I/we have signed.

Applicants Signature: _____

Date: _____ Name: _____

Address _____

Date of Birth: _____ Social Security#: _____

Previous Address(if less than 2 years): _____

=====

Co-Applicants Signature: _____

Date: _____ Name: _____

Address: _____

Date of Birth: _____ Social Security Number: _____

Previous Address(if less than 2 years): _____