



Southern Auto Color would like to thank you for your interest in opening an account with us. However, there are a few requirements that we would like to notify you of before any new account can be opened.

First, we require a credit application to be completely filled out with at least three business references listed and the application must be signed. The application will be thoroughly checked and upon approval you will be contacted by an office staff with your terms and credit limit.

SAC terms are Net 10<sup>th</sup>. Payments must be made by cash, check, or electronic transfer/ACH. Payments may be made by credit card but a processing fee may apply.

A service charge of 1.25% will be charged on accounts that are more than 30 days past due. Any account that is 60 days past due will be put on a C.O.D basis and will remain so until the account has reached a current due status.

Any account that reaches the credit limit will be asked for payment before any more product is released. A credit limit increase can be requested at any time and is based upon SAC discretion.

If you have any questions regarding the information above please feel free to contact our accounting office at 706-864-3478 or by email.

Thank you for your cooperation,

*Amanda Kenimer*

Accounting | Southern Auto Color

☎ 706-864-3478 | 📠 706-867-0735

✉ [Amanda@southernautocolor.com](mailto:Amanda@southernautocolor.com)



### CREDIT APPLICATION

All references must be completed for your application to be considered. Please sign and date the bottom. You can submit your application in store, by fax, email, or online at [www.southernautocolor.com](http://www.southernautocolor.com)

BUSINESS NAME \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_ - \_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

FAX (\_\_\_\_) \_\_\_\_ - \_\_\_\_ CELL (\_\_\_\_) \_\_\_\_ - \_\_\_\_

NATURE OF BUSINESS \_\_\_\_\_ CORP ☐ PARTNERSHIP ☐ PROP ☐

YEARS IN BUSINESS \_\_\_\_\_ CREDIT AMOUNT REQUESTED \_\_\_\_\_

FEDERAL I.D. # \_\_\_\_\_

TAX EXEMPT NO ☐ YES ☐ "If "YES", please submit sales tax exemption certificate for your state"

REQUIRE P.O. YES ☐ NO ☐ REQUIRE JOB NAME YES ☐ NO ☐ INVOICES ARE NOT MAILED.

OWNERS NAME \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_ - \_\_\_\_

OWNERS ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

ACCOUNTS PAYABLE CONTACT \_\_\_\_\_

PHONE (\_\_\_\_) \_\_\_\_ - \_\_\_\_

PRIMARY BANK \_\_\_\_\_

BANK CITY & STATE \_\_\_\_\_

**BANK CONTACT PERSON** \_\_\_\_\_  
**PHONE** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**NAME THREE TRADE REFERENCES YOU CURRENTLY HAVE AN OPEN ACCOUNT WITH.**

1. \_\_\_\_\_ **PHONE** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

2. \_\_\_\_\_ **PHONE** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

3. \_\_\_\_\_ **PHONE** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**UPON APPROVAL OF THIS APPLICATION BY SOUTHERN AUTO COLOR, THE APPLICANT AGREES TO THE FOLLOWING CREDIT TERMS AND CONDITIONS.**

- All accounts are due & payable according to terms stated on your invoice copy.
- Any account with a balance 60 days old will be placed on a C.O.D. basis
- Charge privileges will be reviewed before credit is reinstated
- Finance charges will be charged on all overdue balances at 1.25% per month
- In the event credit is extended, the applicant agrees to pay all costs & expenses (including actual & reasonable attorney fees) incurred by SAC in collection of any outstanding accounts.
- Southern Auto Color may reduce or terminate the extension of credit to the business at any time without prior notice.
- Orders may not be shipped should my account become delinquent and that the entire balance of my account will become due and payable immediately, should the terms set forth on each notice not be met.
- Applicant agrees to pay a minimum service/handling charge of \$35.00 on any checks returned unpaid by applicants bank to Southern Auto Color.
- Purchaser further agrees to notify Southern Auto Color, in writing 5(five) days of any change in ownership, address, telephone, authorized purchasing agent(s), banks, transfer of listed assets, shortages of products and billing errors.
- This application and all transactions shall be governed and interpreted under the laws and decisions of the State of Georgia.

I authorize the credit manager of Southern Auto Color to obtain a written or oral report necessary for the purpose of decision on credit.

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**(No application will be considered without a signature.)**