



## CREDIT APPLICATION

CUSTOM SUPPLY, INC.  
2509 5<sup>TH</sup> Ave. South  
Birmingham, AL 35233  
Phone: 205/252-0141  
Fax: 205/251-1718

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

Date: \_\_\_\_\_

Business Name \_\_\_\_\_

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

Please check one: Corporation ( ) Proprietorship ( ) Partnership ( ) Purchase Orders Required? Yes ( ) No ( )

Customer Contact \_\_\_\_\_ Purchasing Contact \_\_\_\_\_

Ship to \_\_\_\_\_ Bill to \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

A/P Supervisor \_\_\_\_\_ A/P Phone \_\_\_\_\_

DUNS # \_\_\_\_\_ Date Started \_\_\_\_\_

Resale # \_\_\_\_\_ Copy of resale or exemption certificate required.

## AGREEMENT

### TERMS AND CONDITIONS

1. ALL PURCHASES ARE PAYABLE WITHIN 15 DAYS. AN ACCOUNT IS PAST DUE AFTER 30 DAYS. Accounts with open balances are subject to service charges of 1.5% per month (18% per year) with a minimum monthly service charge of \$3.00. A nonrefundable deposit will be required on certain special order items.
2. Orders may be cancelled only upon agreement with Custom Supply, Inc., and upon payment of reasonable charges based on expenses incurred by Custom Supply, Inc. in processing the order.
3. The business indicated above waives all rights of exemption and agrees to pay for all reasonable collection agency, attorney and court fees and other expenses involved in the collection of charges or enforcement of Custom Supply, Inc.'s rights under this agreement. All parties to this agreement agree to be jointly and severally liable for adherence thereto. Interpretation of this agreement shall be according to the laws of the State of Alabama and the proper venue for and any action under this agreement will be Jefferson County, Alabama.
4. The provisions of this agreement are severable so that the invalidity, unenforceability or waiver of any provision shall not affect the remaining provisions.
5. Custom Supply, Inc. may verify customer's credit information as it deems necessary.
6. The undersigned certifies that the information given in this application is true and correct to the best of their knowledge.

Authorized Signature \_\_\_\_\_ Title \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

**Unsigned, altered, or incomplete forms cannot be processed.**

**CREDIT APPLICATION  
CUSTOM SUPPLY, INC.**

**NAMES OF OFFICERS OR PARTNERS**

Address and SS # are required if applying organization is a partnership or a proprietorship.

|               |             |
|---------------|-------------|
| Name _____    | Title _____ |
| Address _____ | SS # _____  |
| Name _____    | Title _____ |
| Address _____ | SS # _____  |
| Name _____    | Title _____ |
| Address _____ | SS # _____  |

**TRADE REFERENCES (5 REQUIRED)**

|                                  |              |
|----------------------------------|--------------|
| Company _____                    | Acct # _____ |
| Address _____                    | Phone _____  |
| City _____ State _____ Zip _____ | Fax _____    |
| Company _____                    | Acct # _____ |
| Address _____                    | Phone _____  |
| City _____ State _____ Zip _____ | Fax _____    |
| Company _____                    | Acct # _____ |
| Address _____                    | Phone _____  |
| City _____ State _____ Zip _____ | Fax _____    |
| Company _____                    | Acct # _____ |
| Address _____                    | Phone _____  |
| City _____ State _____ Zip _____ | Fax _____    |

**BANK REFERENCE**

Customer should complete the upper portion of this form and have their bank complete the remainder.  
The form should then be returned to:

**Custom Supply, Inc.**  
**2509 5<sup>th</sup> Ave. South**  
**Birmingham, AL 35233**

Telephone: (205) 252-0141, Fax: (205) 251-1718

**Attn:**

Contact Name \_\_\_\_\_

Bank Name \_\_\_\_\_

Address \_\_\_\_\_

City, ST Zip \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

Our company is applying to Custom Supply, Inc. for open account terms. We authorize you to provide the information requested below.

Of course, Custom Supply will hold your response in strictest confidence.

Thank you,

Customer's Signature: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

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

(as printed on checks)

---

**Bank Should Provide the Following Information**

Date Opened \_\_\_\_\_ Avg. Balance \_\_\_\_\_ Relationship Satisfactory? Yes ( ) No ( )  
Have any checks been returned during the last year because of insufficient Funds? Yes ( ) No ( )

Details: \_\_\_\_\_

Secured Loans: Highest Amount: \$ \_\_\_\_\_ Amount Owing: \$ \_\_\_\_\_

Unsecured Loans: Highest Amount: \$ \_\_\_\_\_ Amount Owing: \$ \_\_\_\_\_

Loan Payments: Excellent ( ) Good ( ) Slow but satisfactory ( )  
Unsatisfactory ( ) Months slow ( )

Comments: \_\_\_\_\_

Signature \_\_\_\_\_