

## **APPLICATION FOR CREDIT**

WE WISH TO OPEN AN ACCOUNT WITH YOUR COMPANY AND SUBMIT THE FOLLOWING INFORMATION TO ENABLE YOU TO OBTAIN A CREDIT HISTORY FOR THAT PURPOSE.

DATE:	AMOUNT OF CREDIT NEEDED:				
FIRM NAME:					
MAILING ADDRESS:					
CITY:	STATE:	ZIP:			
PHONE:	FAX:	A/P E-MAIL:			
A/P CONTACT:					
STREET ADDRESS:					
TYPE OF BUSINESS:		YEARS ESTAB:			
CORPORATION:	PARTNERSHIP:	PROPRIETORSHIP:			
PRINCIPALS: (NAMES OF OFFICERS OR OWNERS)					
	POSITION:	PHONE:			
	POSITION:	PHONE:			
I AGREE TO PAY FOR ANY AND ALL MATERIALS PURCHASED FROM RICHARD K. KNIGHT D/B/A COASTAL BUILDING MATERIALS BY ME OR ANY OF MY EMPLOYEES AND WILL BE PERSONALLY RESPONSIBLE FOR PAYMENT OF MATERIALS PURCHASED. IF COLLECTION THROUGH AN ATTORNEY SHOULD BE NECESSARY, I ALSO AGREE TO PAY FOR ANY AND ALL COURT AND/OR LEGAL FEES INCLUDED. ACCOUNTS ARE DUE NO LATER THAN THE 30 <sup>TH</sup> OF EACH MONTH: INTEREST AT 1-1/2% PER MONTH THEREAFTER.  I AUTHORIZE COASTAL BUILDING MATERIALS TO CHECK OUR CREDIT THROUGH TRADE REFERENCES, BANK REFERENCES AND/OR A CREDIT REPORTING AGENCY TO OBTAIN ANSWERS ABOUT OUR PAST CREDIT EXPERIENCES. ALL INFORMATION OBTAINED WILL BE HELD IN CONFIDENCE.					
SIGNED:		DATE:			
	E SIGNED BY A PRINCIPAL	L) 			
OWNER'S SOCIAL SECU	RITY NUMBER:				

## TRADE REFERENCES (MATERIAL SUPPLIERS): (Please provide phone AND fax numbers to avoid a delay in processing)

1.) NAME:		PHONE:	FAX:	
ADDRESS:		FAX:		
2.) NAME:		PHONE:		
ADDRESS:		FAX:		
3.) NAME:		PHONE:		
ADDRESS:		FAX:		
BANK:	ADI	DRESS:		
REMARKS:				
PL		TE BELOW THIS LINE		
REFERENCE'S:	#1	#2	#3	
HIGHEST CREDIT				
CURRENT BALANCE				
TERMS				
SOLD SINCE				
COMMENTS				

PHONE # 239-574-4844

FAX # 239-283-3680