

**BIG RED, Incorporated**

**Fax to: (843) 266-3524 Attention: Credit Department**

**CREDIT APPLICATION**

**Company Information**

Company: \_\_\_\_\_  
Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Shipping Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Branch Office: \_\_\_\_\_ DBA: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Business Structure (Sole Ownership, Partnership, Corporation): \_\_\_\_\_  
Type of Business: \_\_\_\_\_  
Federal ID#: \_\_\_\_\_  
Sales Tax Exemption #: \_\_\_\_\_  
Owner/President: \_\_\_\_\_  
Manager: \_\_\_\_\_  
Controller: \_\_\_\_\_  
Accts Payable Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Bank References**

Bank Name and Address: \_\_\_\_\_  
Account #: \_\_\_\_\_  
Bank Name and Address: \_\_\_\_\_  
Account #: \_\_\_\_\_

**Trade References**

| Firm Name | City, State | Phone/Fax |
|-----------|-------------|-----------|
| 1. _____  | _____       | _____     |
| 2. _____  | _____       | _____     |
| 3. _____  | _____       | _____     |

**Credit Amount Requested:** \_\_\_\_\_

**I understand the following and will abide by your company regulations:**

1. Notify Big Red, Inc. of any changes in ownership of your company.
2. If granted credit, our company agrees to pay all invoices within the terms stated on ALL Invoices that I receive. (I.e., Net Due means payment is due when invoice is received)
3. It is agreed that our company will pay 1.5% per month which is 18% yearly for ALL past due Balances.
4. It is agreed that our account will become COD if we fail to pay invoices within the above stated terms.
5. Our company financial condition is satisfactory and we can meet ALL financial obligations.
6. There are no lawsuits or judgements against me at this present time. If our company defaults on payment of any outstanding valid invoices, we agree to pay attorney and/or collection expenses.

**I AGREE TO PAY MY ACCOUNT WITHIN THE TERMS AND AUTHORIZE YOU TO OBTAIN SUCH INFORMATION YOU MAY REQUIRE CONCERNING THIS APPLICATION.**

Date \_\_\_\_\_ Signed \_\_\_\_\_  
Title \_\_\_\_\_