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## CREDIT APPLICATION

Credit Requested: \$ \_\_\_\_\_ Date: \_\_\_\_\_

**BUSINESS NAME:** \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Fax: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

DBA: \_\_\_\_\_ Federal Tax ID #: \_\_\_\_\_

**BILLING ADDRESS:** \_\_\_\_\_

(Street and/or Post Office Box)

\_\_\_\_\_  
(City, State and Zip Code)

**SHIPPING ADDRESS:** \_\_\_\_\_

How long at the above address: \_\_\_\_\_

Former Business Address (if applicable): \_\_\_\_\_

**TYPE OF BUSINESS:** \_\_\_\_\_ Date Established: \_\_\_\_\_ How Long in Business: \_\_\_\_\_

Number of Employees \_\_\_\_\_ Estimated Annual Sales: \$ \_\_\_\_\_

Sales Area: \_\_\_\_\_

**OWNERSHIP:** Sole Owner Partnership Corporation Other \_\_\_\_\_

PRINCIPAL : \_\_\_\_\_  
(Name) (Title) (SS#) (Home Address)

PRINCIPAL : \_\_\_\_\_  
(Name) (Title) (SS#) (Home Address)

PRINCIPAL : \_\_\_\_\_  
(Name) (Title) (SS#) (Home Address)

PRINCIPAL : \_\_\_\_\_  
(Name) (Title) (SS#) (Home Address)

Has the firm or any of its principals ever been bankrupt? Yes No

If yes, please explain:

\_\_\_\_\_

**TRADE REFERENCES:**

Name suppliers of major products and services.

NAME	ADDRESS	PHONE & FAX #'S
_____	_____	_____
(Contact Person)	_____	_____
_____	_____	_____
(Contact Person)	_____	_____
_____	_____	_____
(Contact Person)	_____	_____
_____	_____	_____
(Contact Person)	_____	_____

**BANK REFERENCE: NAME**

**ADDRESS**

**PHONE & FAX #'S**

1. _____	_____	_____
_____	_____	_____
(Contact Person)	(Account #)	(Type: Checking or Loan)
2. _____	_____	_____
_____	_____	_____
(Contact Person)	(Account #)	(Type: Checking or Loan)

I (We) affirm that the facts and statements provided in this application are accurate and representative of my (our) affairs as of this date. By signing this application, I (We) hereby authorize Transales, Inc. to contact the credit references, and other sources, to investigate my (our) credit standing. If credit is approved, I (We) agree to pay in accordance with your terms. I (We) understand that all invoices are due and payable within 7 days following the invoice date and that a service charge of 1.5% per month may be assessed on all invoices not paid. I (We) understand that any allowed discounts will be cancelled is payment is not made according to terms. In the event Transales, Inc. is assessed for costs incurred in the collection process, including attorney fees.

**SIGNED:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

