



CENTURY  
COMPOSITES, LLC

140 CELTIC BOULEVARD • TYRONE, GEORGIA USA 30290 • PHONE 770.632.7112 • FAX 770.632.7115

## Credit Application

**\*According to company policy, no order can be shipped with terms until all credit references have been verified\***

Individual or Company Name/DBA: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Ship to address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail for Accounts Payables Contact: \_\_\_\_\_

Established: \_\_\_\_\_ Primary Nature of Business: \_\_\_\_\_

Type of Business: Corporation: \_\_\_\_\_ Partnership: \_\_\_\_\_ Proprietorship: \_\_\_\_\_

Georgia Tax Exempt? Yes \_\_\_\_\_ No \_\_\_\_\_

*(If you are located in Georgia and are tax exempt, you must furnish a signed Georgia Resale Certificate with this application)*

\*We estimate our monthly credit requirements from your firm will be approximately \$ \_\_\_\_\_

### Trade References: *(Please list four (4) references with equivalence to your credit limit request.)*

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Contact: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Contact: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Contact: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Contact: \_\_\_\_\_

### Bank Reference:

Bank: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

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

*Standard payment terms are Net 30 from the date of invoice. All unpaid balance due on account beyond standard Net 30 period are subject to a 1.5 monthly charge (18% APR). Buyer is responsible for all legal, court, and collection fees and costs incurred by seller to collect delinquent accounts.*

**My signature below attests to the accuracy of this application and acceptance of the above terms:**

Officer, Partner, or Owner (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_ Federal Tax ID# (or SSN): \_\_\_\_\_