

CREDIT APPLICATION
COD ONLY CREDIT APP

Office Use!! Salesman: _____ Default Location: _____ Terms / Pricing: _____ County: _____

SECTION I

Business Name _____ Phone _____ Fax _____

Shipping Address _____ Billing Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

(Check One) Corporation Partnership Proprietorship

IF EXEMPT FROM SALES TAX PLEASE ATTACH FORM

PO Required: Yes No

FEDERAL TAXPAYER IDENTIFICATION NUMBER

Line of Credit requested \$ _____ Years in business _____ #: _____ (9 digits)

Are you a member of a National Buying Group, if so which one: _____ Account #: _____

Email Address Required: _____ Do you want Statement emailed instead of mail(circle one): YES / NO

OFFICERS INFORMATION

SECTION II

Principal Owners / Officers Home Address City/State/Zip

1. _____

2. _____

Social Security Numbers Date of Birth Drivers License Info

1. _____ State _____ # _____

2. _____ State _____ # _____

SECTION III

This Form Must Be Signed

Applicant hereby request and authorizes Weaver Distributors, its agents, or assigns, to investigate applicant's credit worthiness. Applicant further agrees to provide financial statements, tax returns, etc., as Weaver Distributors deems necessary. Applicant acknowledges that all sales, unless otherwise noted, are NET 7, or NET 30 DAYS from date of invoice and willingness to pay all invoices according to terms. By the execution of this application, applicant warrants that the information submitted herein is true and correct and hereby authorizes the trade references contained herein to release any requested information. Applicant acknowledges that Weaver Distributors reserves the right to reverse any credit decision if the information contained herein is found to be incorrect and agrees to indemnify Weaver Distributors for any and all losses and costs incurred as a result of any incorrect information.

Buyer agrees that in the event Weaver Distributors institutes an action or proceeding to collect monies due to Weaver Distributors from buyer, Weaver Distributors shall be entitled to recover, in addition to any judgment or award, all cost incurred, including reasonable collection and attorney's fees.

Signature _____ Title _____ Date _____

Signature _____ Title _____ Date _____

Payment Remittance Address: Weaver Distributors, Inc. / PO Box 81036 / Athens, GA 30608-1036

Only mail checks to this address, any other documents please give to your sale rep.

