

CREDIT APPLICATION

CA PLUS, Inc.
812 Kingsbridge Road
Columbia, SC 29210

www.CA-PLUS.com

Ph. (803) 772-4138
Fax: (803) 753-0024
Credit@CA-PLUS.com

Bill To Name: _____ Ship To Name, (If different) _____

Street Address: _____ Street Address: _____

City, State, Zip: _____ City, State, Zip: _____

Telephone No. _____ Fax No. _____ E-Mail: _____ Web Site: _____

Business Type: ___ Proprietorship ___ Partnership ___ Corporation Number of years in Business: ____

PRINCIPLES IN BUSINESS

Name: _____ Title: _____ Residence Address/Telephone: _____

Name: _____ Title: _____ Residence Address/Telephone: _____

Name: _____ Title: _____ Residence Address/Telephone: _____

PRESENT OPEN BANK ACCOUNT (Complete Address/Telephone)

Bank Name & Contact: _____ Street Address: _____ City/State/Zip/Telephone: _____

1. _____

2. _____

3. _____

PRESENT OPEN ACCOUNT SUPPLIERS/CREDIT REFERENCE (Complete Addresses)

Name: _____ Street Address: _____ City/State/Zip/Telephone: _____

Name: _____ Street Address: _____ City/State/Zip/Telephone: _____

Name: _____ Street Address: _____ City/State/Zip/Telephone: _____

State Sales Tax Status:

___ No Sales Tax ___ Charge Tax of ___% ___ Exempt: (Signed Certificate in our files)

Initial Order Amount _____ Requested Line of Credit _____ Est. Monthly Purchases _____

Brief Description of Business: _____ SIC Code: _____

Signature of Principle Date

(By signing this application you agree to authorize the above credit references to supply CA PLUS, Inc. with financial information for use in establishing credit status for your company.)